

APPLICATION FORM



					8	0	B	U	C	0	X
Personal ID Number											

Position Applied for:SEAMAN	Date Available from:ANY TIME
-----------------------------	------------------------------

1. PersonalData		
FamilyName: AHMADOV	FirstName: MURAD	MiddleName: FARMAN
DateofBirth: 12.01.2003	Place of Birth: AZERBAIJAN, QABALA	Citizenship:AZERBAIJAN
Permanent Address:AZERBAIJAN,QABALA		Phone (Home): +994518888549 Phone (Business/ MobileE-mail:

2. MaritimeEducation					
Nameofschool	Town	Country	From	To	Type of degree or diploma
KASPIAN EDUCATION CENTER	BAKU	AZERBAIJAN	2021	2022	SEAMAN

3. ProfessionalTest		
EnglishTestDate	NameofTest	Score
ProfessionalTestDate	NameofTest	Score
ProfessionalInterviewDate	Result	

4. FamilyDetails	
Civil Status(Single, Married, Separated, Divorced, Widowed) : SINGLE	
Next of Kin (the first emergency contact) :	Relationship /MOTHER
AddressofResidence: QABALA, AZERBAIJAN	Phone :+994504311744

	Doughter	Son			
FamilyName					
FirstName					
DateofBirth					
Cityofliving					
PhoneNumbers					

5. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
		Issue	Expiry	
IMO MODEL COURSES	SO-3604-21	25.12.2021	23.12.2026	Republic of Azerbaijan State Maritime and Port Agency
ISM Code	SP-0013-22	10.01.2022	10.01.2027	Republic of Azerbaijan State Maritime and Port Agency
Proficiency in Survival Craft and Rescue Boats	SL-0001-22	07.01.2022	07.01.2027	Republic of Azerbaijan State Maritime and Port Agency
Training of seafarers with designated security duties	SH-0011-22	05.01.2022	29.12.2026	Republic of Azerbaijan State Maritime and Port Agency
Ship Security-related familiarization security-awareness training	SI-1534-21	10.12.2021	10.12.2026	Republic of Azerbaijan State Maritime and Port Agency

6. PhysicalData	
Height	1.72 CM
Weight	74 KG
ColourofHair	BLACK
ColourofEyes	BROWN
BoilersuitSize	46
ShoesSize	42

7. MedicalHistory	Yes	No
Have you ever signed off a ship due to medical reasons?		+
Did you undergo any medical operation in the past?		+
Have you consulted a doctor during the last 12 months for an illness/accident?		+
Do you have any health or disability problems now?		+

If yes, please give full details:

	Passed:	Validtill:
InternationalMedicalExamination		
VaccinationAgainstYellowFiver		
VaccinationAgainstDiphtheria		

8. I hereby declare that the above, including Medical History, is true

Place

Name of Vessel	Flag	Vessel's Type	DWT	Manager or Owner	Rank	From d/m/y	To d/m/y	Todal m/d
BABEK	Azerbaijan	Tanker	13452	Caspian Shipping CO. LTD.	KADET	27/12/2021	30/03/2022	
SERENITY	NIUE	General Cargo	1282	NEW MOON SHIPPING CO. LTD.	ABLE SEAMAN	08/06/2022	04/01/2023	
LOIRE RIVER	PANAMA	GENERAL CARGO	6354 MT	LOIRE RIVER SHIPPING CORT	ABLE SEAMAN	09.04.2023	08.07.2023	

