## **APPLICATION FORM**



Position Applied for: SEAMAN	Date Availab
Personal ID Number	

1. PersonalData						
Family Name. IMANOV	First Name: KHALID	Middle Name: GURBAN				
Date of Birth: 09.04.2004	Place of Birth: AZERBAIJAN,BAKU	Citizenship: AZEBAIJANIAN				
Permanent Address: AZER MASALLI	BAIJAN region.	Phone (Home): NO Phone (Business/ Mobile): +994775432435 E-mail:xalidyusifli77@gmail.com				

**Date Available from:ANY TIME** 

2. MaritimeEducation								
Nameofschool	Country	Town	From	То	Type of degree or diploma			
AZERBAIJAN CASPIAN	AZERBAIJAN	BAKU	12.10.2023	09.04.2024	6 Month			

3. ProfessionalTest		
EnglishTestDate	NameofTest	Score
ProfessionalTestDate	NameofTest	Score
ProfessionalInterviewDate	Result	

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Relationship /
Phone:

	Doughter	Son		
FamilyName				
FirstName				
				D . C

DateofBirth			
Cityofliving			
PhoneNumbers			

5. IdentityDocuments								
Document	Country	Number	PlaceofIssue	IssueDate	ExpiryDate			
Seaman'sBook	AZERBAIJAN	AZE034535	State Maritime Administration	04.09.2024	04.09.2029			
TravelPassport	AZERBAIJAN	C05203583	AZERBAIJAN. BAKU	16.10.2024	15.10.2034			

6. ValidVisa						
CountryorUnion	Type	ValidUntil				

7. Courses Attended and Certificates Obtain	ined				
Document	Number	Da	ites	Place	
Document	Number	Issue	Expiry	Trace	
CertificateofCompetency	RP15850	27.08.2024		State Maritime Administration	
MalteseEndorsementof COC					
OilTankerEndorsement					
ChemicalTankerEndorsement					
GasTankerEndorsement					
Advanced training for oil tanker cargo operations					
ChemicalTankerFamiliarizationTraining					
GasTankerFamiliarizationTraining					
OilTankersSpecializedTraining					
ChemicalTankerSpecializedTraining					
GasTankerSpecializedTraining					
BasicTrainings	SO-2748-24	16.07.2024	24.06.2029	State Maritime Administration	
Proficiency in Survival Craft and Rescue Boats	SL-2410-24	22.07.2024	11.07.2029	State Maritime Administration	
AdvancedFireFighting					
MedicalFirstAidTraining					
Medical First Aid Training and Medical Care					
RO-ro					
Crisis management and human behavior training					
WELDER(Elektrod-MMA)					
Automatic Radar Plotting Aids Simulator (ARPA)					
BridgeTeamManagement					
Shiphandling&Maneuvering					
Ship Security-related familiarization security-awa	SI-2786-24	16.07.2024		State Maritime Administration	
reness training	51-2700-24	10.07.2024		State Waltime Administration	
MalteseEndorsementof SSO					
ISM Code	SP-2676-24	16.08.2024	01.08.2029	State Maritime Administration	
SafetyOfficer					
ECDISTrainingCourse					
RiskAssessmentCourse					
C.O.W./ I.G.S					
FirePracticeonTankers					
VapourRecoverySystem					
UnmannedMachinerySpace					
WELDER(Elektrod-MMA)					
Cargo Ballast Operations on Oil/Chemical Tanker					
S					
Engine resoursce management					
Leadership and Teamwork					
High woltage					
Risk Management And Incident Investigation					
Training of seafarers with designated security duti	SH-2434-24	07.08.2024		State Maritime Administration	
es December 1 december 1					
Dangerous hazardous and harmfull cargoes	CA 0712 24	05.00.2024		G . 35	
BasicTraining and qualifications on oil and chemic	SA-0712-24	05.08.2024		State Maritime Administration Page 2 0	

8. PhysicalData			
Height	175		
Weight	59		
ColourofHair	Black		
ColourofEyes	Chestnut		
BoilersuitSize	42		
ShoesSize	XL		
9. MedicalHistory		Yes	No
Have you ever signed off a ship due			+
Did you undergo any medical opera			+
Have you consulted a doctor during		ess/accident?	+
Do you have any health or disability	y problems now?		+
If yes, please give full details:			
	Passed:	Validtill:	
InternationalMedicalExamination	28.12.2023	28.12.2025	
VaccinationAgainstYellowFiver	20.12.2023	20.12.2023	
VaccinationAgainst YellowFiver VaccinationAgainstDiphtheria			
vaccinationAgainstDipntheria			
10. References (please give name and address	ss of your current or past employer)	Officeremarks	
		omer emarks	
Name of person to contact			
Name of person to contact Address			
Name of person to contact			
Name of person to contact Address Phone			
Name of person to contact Address Phone NameofCompany			
Name of person to contact Address Phone  NameofCompany Name of person to contact			
Name of person to contact Address Phone  NameofCompany Name of person to contact Address			
Name of person to contact Address Phone NameofCompany Name of person to contact			
Name of person to contact Address Phone  NameofCompany Name of person to contact Address			
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone			
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments			
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo.			
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo.			
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo. NameofBank			
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo. NameofBank BankAddress  12. Knowledgeandexperience		Yes	No
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo. NameofBank BankAddress			No
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo. NameofBank BankAddress  12. Knowledgeandexperience			No
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo. NameofBank BankAddress  12. Knowledgeandexperience OCIMF vettingexperience: ISGOT knowledge:		Yes	No
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo. NameofBank BankAddress  12. Knowledgeandexperience OCIMF vettingexperience: ISGOT knowledge:  13. I hereby declare that the above		Yes	No
Name of person to contact Address Phone  NameofCompany Name of person to contact Address Phone  11. Bankaddressforallotments Beneficiary AccountNo. NameofBank BankAddress  12. Knowledgeandexperience OCIMF vettingexperience: ISGOT knowledge:		Yes	No

al tanker cargo operations

14. ForOfficeuseonly		

## 15. SeagoingExperience

Nameofves sel	Flag	Vessel 's Ty pe	DW T	EngTy pe	НР	Manageror Owner	Rank	From d/ m/y	To d/m/	Tota l m/d
MORNOVA	AZE	Dry cargo	2500	Wartsila 6L20		Azerbaijan company	cadet	15.01.2024	13.04.2024	3 mnt

Total rank sea service:

**Total type of vessel sea service:** 

	Total raim sea ser vice.	Total type of vessel sea sel vice:				
Rank	Years	Typeofvessel	Years			
		OIL TANKER				
		LPG				
		DRY CARGO				
		TANKER ICE				
		OIL /CHEMICAL TANKER				
		FERRY				
Total		Total:				