

# APPLICATION FORM



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Personal ID Number											

Position Applied for: SEAMAN	Date Available from: ANY TIME
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<b>1. Personal Data</b>		
Family Name: ABBASOV	First Name: ARASTUN	Middle Name: HACIBALA
Date of Birth: 12.09.1998	Place of Birth: AZERBAIJAN, BAKU	Citizenship: AZERBAIJAN
Permanent Address: AZERBAIJAN, BAKU		Phone (Home): +994508668232 Phone (Business/ Mobile): E-mail:

<b>2. Maritime Education</b>					
Name of school	Town	Country	From	To	Type of degree or diploma
KASPIAN EDUCATION CENTER	BAKU	AZERBAIJAN	2021	2022	SEAMAN

<b>3. Professional Test</b>		
English Test Date	Name of Test	Score
Professional Test Date	Name of Test	Score
Professional Interview Date	Result	

<b>4. Family Details</b>	
Civil Status (Single, Married, Separated, Divorced, Widowed) : SINGLE	
Next of Kin (the first emergency contact) :	Relationship / MOTHER
Address of Residence: BAKU, AZERBAIJAN	Phone : +994505063041

	Doughter	Son			
FamilyName					
FirstName					
DateofBirth					
Cityofliving					
PhoneNumbers					

5. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
		Issue	Expiry	
IMO MODEL COURSES	SO-3645-21	25.12.2021	23.12.2026	Republic of Azerbaijan State Maritime and Port Agency
ISM Code	SP-0012-22	10.01.2022	10.01.2027	Republic of Azerbaijan State Maritime and Port Agency
Proficiency in Survival Craft and Rescue Boats	SL-0002-22	07.01.2022	07.01.2027	Republic of Azerbaijan State Maritime and Port Agency
Training of seafarers with designated security duties	SH-0012-22	05.01.2022	29.12.2026	Republic of Azerbaijan State Maritime and Port Agency
Ship Security-related familiarization security-awareness training	SI-1569-21	10.12.2021	10.12.2026	Republic of Azerbaijan State Maritime and Port Agency

6. PhysicalData	
Height	1.78 CM
Weight	72 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:
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	Passed:	Validtill:
InternationalMedicalExamination		
VaccinationAgainstYellowFiver		
VaccinationAgainstDiphtheria		

<b>8. I hereby declare that the above, including Medical History, is true</b>		
Place		

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Place		

[illegible]

