

# APPLICATION FORM



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Personal ID Number											

Position Applied for: <b>SEAMAN</b>	Date Available from: <b>ANY TIME</b>
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<b>1. PersonalData</b>		
Family Name. <b>ZEYNALOV</b>	First Name: <b>ELNUR</b>	Middle Name: <b>RAFIG</b>
Date of Birth: <b>12.11.1986</b>	Place of Birth: <b>AZERBAIJAN,BAKU</b>	Citizenship: <b>AZEBAIJANIAN</b>
Permanent Address: <b>AZERBAIJAN,BAKU region. ASTARA</b>		Phone (Home): <b>NO</b> Phone (Business/ Mobile): <b>+994515971737</b> E-mail: <b>elnurzeynalov1737@gmail.com</b>

<b>2. MaritimeEducation</b>					
Nameofschool	Country	Town	From	To	Type of degree or diploma
<b>AZERBAIJAN CASPIAN</b>	<b>AZERBAIJAN</b>	<b>BAKU</b>	<b>12.01.2024</b>	<b>12.07.2024</b>	<b>6 Month</b>

<b>3. ProfessionalTest</b>		
EnglishTestDate	NameofTest	Score
ProfessionalTestDate	NameofTest	Score
ProfessionalInterviewDate	Result	

<b>4. FamilyDetails</b>	
Civil Status(Single, Married, Separated, Divorced, Widowed) : <b>MARRIED</b>	
Next of Kin (the first emergency contact) : <b>zeynalov rahid</b>	Relationship / <b>brother</b>
Address of Residence: <b>AZERBAIJAN,BAKU</b>	Phone : <b>+9947063323204</b>

	Doughter	Son			
FamilyName					
FirstName					
DateofBirth					

Cityofliving					
PhoneNumbers					

5. Identity Documents					
Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	AZERBAIJAN	AZE034306	State Maritime Administration	21.08.2024	21.08.2029
Travel Passport	AZERBAIJAN	C01804925	AZERBAIJAN. BAKU	20.06.2018	19.06.2028

6. Valid Visa		
Country or Union	Type	Valid Until

7. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
		Issue	Expiry	
Certificate of Competency	RP15700	13.08.2024		State Maritime Administration
Maltese Endorsement of COC				
Oil Tanker Endorsement				
Chemical Tanker Endorsement				
Gas Tanker Endorsement				
Advanced training for oil tanker cargo operations				
Chemical Tanker Familiarization Training				
Gas Tanker Familiarization Training				
Oil Tankers Specialized Training				
Chemical Tanker Specialized Training				
Gas Tanker Specialized Training				
Basic Trainings	SO-2384-24	24.06.2024	29.05.2029	State Maritime Administration
Proficiency in Survival Craft and Rescue Boats	SL-2444-24	29.07.2024	18.07.2029	State Maritime Administration
Advanced Fire Fighting				
Medical First Aid Training				
Medical First Aid Training and Medical Care				
RO-ro				
Crisis management and human behavior training				
Radar Observation & Plotting				
Automatic Radar Plotting Aids Simulator (ARPA)				
Bridge Team Management				
Shiphandling & Maneuvering				
Ship Security-related familiarization security awareness training	SI-2404-24	06.06.2024		State Maritime Administration
Maltese Endorsement of SSO				
ISM Code	SP-2541-24	07.08.2024	30.05.2029	State Maritime Administration
Safety Officer				
ECDIS Training Course				
Risk Assessment Course				
C.O.W./ I.G.S				
Fire Practice on Tankers				
Vapour Recovery System				
Unmanned Machinery Space				
FRAMO Familiarization Course				
Cargo Ballast Operations on Oil/Chemical Tankers				
Engine resource management				
Leadership and Teamwork				
High voltage				
Risk Management And Incident Investigation				
Training of seafarers with designated security duties	SH-2216-24	19.07.2024		State Maritime Administration

es				on
Dangerous hazardous and harmful cargoes				
Basic Training and qualifications on oil and chemical tanker cargo operations				

8. Physical Data	
Height	190
Weight	96
Colour of Hair	Black
Colour of Eyes	Chestnut
Boiler suit Size	43
Shoes Size	2XL

9. Medical History	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:	Valid till:
International Medical Examination	09.09.2024	09.09.2026
Vaccination Against Yellow Fever		
Vaccination Against Diphtheria		

10. References (please give name and address of your current or past employer)	Officer remarks
Name of Company	
Name of person to contact	
Address	
Phone	

Name of Company		
Name of person to contact		
Address		
Phone		

11. Bank address for allotments	
Beneficiary	
Account No.	
Name of Bank	
Bank Address	

12. Knowledge and experience	Yes	No
OCIMF vetting experience:		
ISGOT knowledge:		

<b>13. I hereby declare that the above, including Medical History, is true</b>		
Place		

<b>14. For Office use only</b>		

### 15. Seagoing Experience

Name of vessel	Flag	Vessel's Type	DWT	Eng Type	HP	Manager or Owner	Rank	From d/m/y	To d/m/y	Total m/d
MORNOVA	AZE	Dry cargo	2500	Wartsila 6L20		Azerbaijan company	cadet	06.01.2024	01.04.2024	3 mnt

#### Total rank sea service:

Rank	Years
Total	

#### Total type of vessel sea service:

Type of vessel	Years
OIL TANKER	
LPG	
DRY CARGO	
TANKER ICE	
OIL /CHEMICAL TANKER	
FERRY	
Total:	