



APPLICATION FORM

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Personal ID Number											

Position Applied for: SAILOR	Date Available from: ANY TIME
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1. Personal Data					
Family Name: ZEYNALOV		First Name: BOYUKAGHA		Middle Name:	
Date of Birth: 27.12.2004		Place of Birth (City and Country): Azerbaijan.Astara.		Citizenship: AZERBAIJANIAN	
Permanent Address: Astara, ARCHIVAN village				Phone Mobile: +994554129796	

2. Maritime Education					
Name of school	Town	Country	From	To	Type of degree or diploma
School number 1.	Astara	Azerbaijan	2010	2019	High school
“KASPIAN EDUCATION CENTER” LLC	Baku	Azerbaijan	04.07.2022	30.12.2022	SECONDARY EDUCATION PS 000636

3. Professional Test		
English Test Date	Name of Test	
Professional Test Date	Name of Test	
Professional Interview Date	Result	

4. Family Details					
Civil Status (Single, Married, Separated, Divorced, Widowed) : Single					
Next of Kin (the first emergency contact) ZEYNALOV RUSLAN				Relationship: Father	
Address of Residence Astara.Azerbaijan				Phone : +994504655514	
	Daughter	Son			
Family Name					
First Name					
Date of Birth					
City of living					
Phone Numbers					

5. Identity Documents

Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Certificate of competency	Azerbaijan	RP15842	Azerbaijan State Maritime Administration (SMA)	26.08.2024	
Seaman's Book	Azerbaijan	DQK 029634	Azerbaijan State Maritime Administration (SMA)	03.09.2024	03.09.2029
Travel Passport	Azerbaijan	C05022940	MIA	13.09.2024	12.09.2034
Civil Passport	Azerbaijan	AA3746975	ASTARA RPS	08.02.2022	08.02.2032

6. Valid Visa

Country or Union	Type	Valid Until
N/A	N/A	N/A
N/A	N/A	N/A

7. Courses Attended and Certificates Obtained

Document	Number	Dates		Place
		Issue	Expiry	
Certificate of Competency				
Basic training and qualifications on oil and chemical tanker cargo operations				
Safe operation and maintenance of high voltage systems 1000 volts or more				
Training for seafarers with designated security duties				
Ship Security-related training and instruction				
Engine resource management				
Passenger safety,cargo safety and hull integrity training				
Dangerous hazardous and harmful cargoes				
Inert Gas system				
Advanced training for oil tanker cargo operations				
Gas Analysers and Their Operation				
Proficiency in Survival Craft and Rescue Boats	SL-2617-24	09.08.2024	09.08.2029	Azerbaijan
Advanced Fire Fighting				
Medical First Aid Training				
Medical First Aid Training and Medical Care				
Leadership and Teamwork				
GMDSS General Operator				
GMDSS Endorsement				
Radar Observation & Plotting				
Automatic Radar Plotting Aids Simulator (ARPA)				
Bridge Team Management				
Shiphhandling& Maneuvering				
Ship Security-related Training and instruction	SI-2210-22	15.09.2022	15.09.2027	Azerbaijan
Operational Use of Elektronik Chart Display and information Systems				
Crowd management training				
Crisis management and human behaviour training				
Training and qualification for ro-ro passenger ship				
International Safety Management Code	SP-2503-24	06.08.2024	24.07.2029	Azerbaijan
Ship Security Officer				
Training for seafarers with designated security duties	SH-2478-24	09.08.2024		Azerbaijan
-personal survival techniques –fire prevention avdfire fighting –elementary first aid –personal safety and social responsibilities	SO-4215-22	14.09.2022	14.09.2027	Azerbaijan

8. Physical Data	
Height	178cm.
Weight	67 k.g
Colour of Hair	Chestnut
Colour of Eyes	Brown
Boilersuit Size	M
Shoes Size	43

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

If yes, please give full details:

	Passed:	Valid till:
International Medical Examination		
Vaccination Against Yellow Fiver	N/A	N/A
Vaccination Against Diphtheria	N/A	N/A

10. References (please give name and address of your current or past employer)	Office remarks
Name of Company	Azerbaijan Caspian Shipping 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:		+

13. I hereby declare that the above, including Medical History, is true		
Place:	Date	Signature

14. For Office use only

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

Total rank sea service:

Rank	
Total	

Total type of vessel sea service:

Type of vessel	
PASSENCER SHIP	
DRY CARGO	
Total:	

