



## APPLICATION FORM

1

<b>Position</b>		<b>identity card PIN Number 7DY9RX2</b>
<b>Position Applied for:</b>	Rating forming part of an engine-room watch	
<b>Date Available from:</b>	-	

2

<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: SEYMUR</b>	<b>Last Name: ABDINZADA</b>	
Date of Birth: 13.06.2005	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: <a href="mailto:abdinzadeseymur2005@gmail.com">abdinzadeseymur2005@gmail.com</a>	Mobile Number: (+994) 77 447 56 99	
Permanent Address: Kalinin street , Surakhani settl, Surakhani district , Baku , Azerbaijan	Expected Salary Per Month: 1200\$-1500\$	
Nationality: Azerbaijan	Alternative rank applying for:-	
<b>Person to call in emergency: (+994) 77 447 62 22 Father</b>		

3

<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
Chingiz	Abdinov	Male	Father	+994 77 447 62 22

4

<b>Maritime Education</b>				
<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
AZERBAIJAN MARINE COLLEGE	Azerbaijan	09.2022	07.2024	Subbachelor

5

<b>Physical Data</b>	
Height	173
Weight	83
Boilersuit Size	XL
Shoes Size	43
Blood group	B(III)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

6

## Seaman`s Book &amp; Identify Docs

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 030387		16.11.2024	Azerbaijan		16.11.2029
Certificate of Competency	Azerbaijan	RP16237		04.11.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03630915		22.10.2021	Azerbaijan		22.10.2026
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-	Expiry Date: -	
Do you hold a US Visa 'B1/B2'?		YES/NO	NO	Issue Date:	-	Expiry Date:-	
Have you been rejected for any visa applied for?				YES/NO	NO		
If YES, please state the country and reasons				-			

7

## Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8

## License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

9

## STCW Certificates &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-0565-24	SMPA	28.02.2024	19.01.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0565-24	SMPA	28.02.2024	19.01.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-0565-24	SMPA	28.02.2024	19.01.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0565-24	SMPA	28.02.2024	19.01.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0565-24	SMPA	28.02.2024	19.01.2029
International Safety Management	Azerbaijan	SP-0458-24	SMPA	28.02.2024	23.01.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2463-24	SMPA	29.07.2024	29.07.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0748-24	SMPA	06.03.2024	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2289-24	SMPA	26.07.2024	-

11

**For Engineers (Please provide details)**

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12

**Other Experience**

English Language : Average

Russian Language: Average

Turkish Language : Excellent

Azerbaijan Language : Excellent

12

**Travel Documents**

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	NO	-
US	YES/NO	NO	-
China	YES/NO	NO	-
Australia	YES/NO	NO	-

13

**Insurance ,Health Related Documentation**

Medical Certificate (Fit for Duty)	YES/NO	YES
<b>Vaccination</b>		
Yellow Fever	YES/NO	NO
COVID-19	YES/NO	YES

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

14

**Medical history**

Have you ever signed off a ship due to medical reasons?	YES/NO	NO
Have you undergone any operation in the past?	YES/NO	NO
Have you consulted a doctor during the last 12 months for an illness/accident?	YES/NO	NO
Do you have any health or disability problems now?	YES/NO	NO
Do you take any medications regularly?	YES/NO	NO

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

15

**General**

Have you ever been the subject of a court of enquiry or involved in a maritime accident?	YES/NO	NO
Have you ever had a professional license suspended or revoked?	YES/NO	NO

(If YES, please give full details and attach a separate page if necessary)

16

**References** *(Please give the name and address of your current or immediate past employer)*

Name of company	1.-	2.-
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

17

**Declaration**

I hereby declare that the above particulars are true and authorize you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with my signature.

Date: 26.11..2024