

APPLICATION FORM

					7	A	Q	9	Z	R	K
Personal ID Number											

	Position Applied for: Seamen 2/4	Date Available from:ANY TIME
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1. PersonalData						
Family Name: Abbasov	First Name: Kenan	Middle Name:				
Date of Birth:14.10.2000	Place of Birth:Azerbaijan/ Baku	Citizenship: Azerbaijani				
Permanent Address:	Azerbaijan/ Baku city	Phone (Home): 0993005251 Whatshapp + 994 993005251 E-mail: knanabbasov56@gmail.com				

2. MaritimeEducation									
Nameofschool	Town	Country	From	To	Type of degree or diploma				
Azerbaijan Architectural									
and Construction	Baku	Azerbaijan	2017	2021	Bachelor				
University									
Azerbaijan State Martime Acad	Baku	Azerbaijan	2024		I am currently studying				
emy									

3. ProfessionalTest								
EnglishTest Date	Nameof Test	Score						
Professional TestDate	Nameof Test	Score						
Professional Interview Date		Result						

4. FamilyDetails	
Civil Status (master): Single	
Next of Kin (the first emergency contact):	Relationship /Father
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Address of Residence:	+994503871973
Azerbaijan/Baku	

5. IdentityDocuments									
Document	Country	Number	PlaceofIssue	IssueDate	ExpiryDate				
Seaman'sBook	Azerbaijan	DQK 025558	State Maritime Adminstration	25.10.2023	25.10.2028				
TravelPassport	Azerbaijan	C03619246	Ministry of Internal Affairs	09.10.2023	08.10.2033				

6. ValidVisa						
CountryorUnion	Type	ValidUntil				

Da	NT1	Dates		Divers
Document	Number	Issue	Expiry	Place
CertificateofCompetency				
MalteseEndorsementof COC				
OilTankerEndorsement				
ChemicalTankerEndorsement				
GasTankerEndorsement				
OilTankerFamiliarizationTraining				
ChemicalTankerFamiliarizationTraining				
GasTankerFamiliarizationTraining				
OilTankersSpecializedTraining				
ChemicalTankerSpecializedTraining				
GasTankerSpecializedTraining				
BasicTrainings	SO-2862-23	222.06.2023	21.06.2028	State Maritime Administration
Proficiency in Survival Craft and Rescue Boats	SL-1994-23	25.06.2023	25.06.2028	State Maritime Administration
AdvancedFireFighting				
MedicalFirstAidTraining				
Medical First Aid Training and Medical Care				
GMDSS				
GMDSS Endorsement				
RadarObservation&Plotting				
Automatic Radar Plotting Aids Simulator (ARPA)				
BridgeTeamManagement				
Shiphandling&Maneuvering				
Ship Security-related familiarization security-awarene ss training	SI-1686-23	21.06.2023	21.06.2028	State Maritime Administrat ion
MalteseEndorsementof SSO				
ISM Code	SP-3250-23	22.09.2023	22.09.2028	State Maritime Administrat
SafetyOfficer				
ECDISTrainingCourse				
RiskAssessmentCourse				
C.O.W./ I.G.S				
FirePracticeonTankers				
VapourRecoverySystem				
UnmannedMachinerySpace				
FRAMO FamiliarizationCourse				
Cargo Ballast Operations on Oil/Chemical Tankers				
HazardousMaterials				
Welder				
Turner				
Risk Management And Incident Investigation				

Training of seafarers with designated security dutie	es SH-2728-23	29.09.3202 3	29.09.2028	State Maion	ritime Administrat
Dangerous hazardous and harmfull cargoes					
BasicTraining and qualifications on oil and chemic	al				
tanker cargo operations					
Crowd management training					
8. PhysicalData	Tioi				
Height	181 sm				
Weight	90				
ColourofHair	Brown				
ColourofEyes	Brown				
BoilersuitSize	XL				
ShoesSize	45				
0 Madicallistom				Yes	No
9. MedicalHistory Have you ever signed off a ship due to medical rea	ana?			ies	INO
Did you undergo any medical operation in the past					
Have you consulted a doctor during the last 12 mo.		pidant?			
Do you have any health or disability problems now		rident?			
Do you have any hearth of disability problems now	1.1				
If yes, please give full details:					
if yes, please give full details.					
	D ₂	nssed:		Va	lidtill:
International Medical Evamination					
International Medical Examination Vaccination Against YellowFiver		06.2023			06.2025
Vaccination Against YellowFiver					
Vaccination Against YellowFiver					
Vaccination Against YellowFiver Vaccination Against Diphtheria	19.0	06.2023	Officeremarks	19.0	
Vaccination Against YellowFiver	19.0	06.2023	Officeremarks	19.0	
Vaccination Against YellowFiver Vaccination Against Diphtheria 10. References (please give name and address of yellowFiver)	19.0	06.2023	Officeremarks	19.0	
Vaccination Against YellowFiver Vaccination Against Diphtheria 10. References (please give name and address of yellowFiver) NameofCompany	19.0	06.2023	Officeremarks	19.0	
Vaccination Against YellowFiver Vaccination Against Diphtheria 10. References (please give name and address of yellowFive) NameofCompany Name of person to contact	19.0	06.2023	Officeremarks	19.0	
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Vaccination Against YellowFiver Vaccination Against Diphtheria 10. References (please give name and address of yellow Name of Derson to Contact Address Phone NameofCompany	19.0	06.2023	Officeremarks	19.0	
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Vaccination Against YellowFiver Vaccination Against Diphtheria 10. References (please give name and address of yellow Name of Description of Company Name of Person to Contact Address Phone NameofCompany Name of Person to Contact Address	19.0	06.2023	Officeremarks	19.0	
Vaccination Against YellowFiver Vaccination Against Diphtheria 10. References (please give name and address of yellow Name of Description of Company Name of Person to Contact Address Phone NameofCompany Name of Person to Contact Address	19.0	06.2023	Officeremarks	19.0	
Vaccination Against YellowFiver Vaccination Against Diphtheria 10. References (please give name and address of yellow NameofCompany Name of person to contact Address Phone NameofCompany Name of person to contact Address Phone	19.0	06.2023	Officeremarks	19.0	
Vaccination Against YellowFiver Vaccination Against Diphtheria 10. References (please give name and address of yellow Policy of the State of State	19.0	06.2023	Officeremarks	19.0	
Vaccination Against YellowFiver Vaccination Against Diphtheria 10. References (please give name and address of yellow process of yellow p	19.0	06.2023	Officeremarks	19.0	
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Vaccination Against YellowFiver Vaccination Against Diphtheria 10. References (please give name and address of yellow Policy Po	19.0	06.2023		19.0	06.2025
Vaccination Against YellowFiver Vaccination Against Diphtheria 10. References (please give name and address of yellow Property Name of person to contact Address Phone NameofCompany Name of person to contact Address Phone 11. Bank address forallotments Beneficiary AccountNo. NameofBank BankAddress 12. Knowledgeandexperience	19.0	06.2023	Officeremarks	19.0	
Vaccination Against YellowFiver Vaccination Against Diphtheria 10. References (please give name and address of yellow Property Name of person to contact Address Phone NameofCompany Name of person to contact Address Phone 11. Bank address forallotments Beneficiary AccountNo. NameofBank BankAddress 12. Knowledgeandexperience OCIMF vetting experience:	19.0	06.2023		19.0	06.2025
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Vaccination Against YellowFiver Vaccination Against Diphtheria 10. References (please give name and address of yellow Policy	Dur current or past en	06.2023		19.0	06.2025
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Vaccination Against YellowFiver Vaccination Against Diphtheria 10. References (please give name and address of yellow Property	Dur current or past en	06.2023		19.0	06.2025

115. SeagoingExperience

Nameofvessel	Flag	Vessel'sTyp e	DWT	EngType	HP	Manageror Owner	Rank	From d/m/y	Tod/m/y	Total m/d
Shavalan	Azerbaijan	Supply	1500	Diesel		Caspian Marine Shipping Services B.V	Seamen	12.06.2023	12.07.2023	1 m.
Lankaran	Azerbaijan	AHTS	2736	Diesel		Caspin Marine Shipping Services B.V	Seamen	15.07.2023	16.09.2023	2m 1 d
Anıttepe S	Liberia	General Car go	5250	Diesel/Fuel oil		Statu Shipping LTD	Seamen	05.12.2023	16.09.2024	9m.11d
Bluefish	Panama	General Car go	5250	Diesel/Fuel oil		Statu Shipping LTD	Seamen	05.10.2024		
Total										1y 12 d

Total rank sea service:

Total type of vessel sea service: