

APPLICATION FORM

O / S F I Personal II		R						
Position Applied for Date Available from:								
1. Personal Data								
Family Name: PANAHOV First Name: MAHIR Middle Name: HEYDAR								
Date of Birth: 31.08.1		Birth (City and Country): Citizonship: A ZEDD ALIAN			I			
Permanent Address AZERBAIJAN	, , , , , ,	Phone (Whatsapp):+9947738 Phone (Business/ Mobile) E-mail:				30833		
2. Maritime Education	on .							
Name of school		own	Country		From	То	Туре	of degree or diploma
'KAINAT M ZM" LLC	BAK	U	AZERBAIJAN	25.0	5.2022	09.12.2022		
3. Professional Test								
English Test Date			Name of Test			Score		
Professional Test Date	Professional Test Date Name of Test Score							
Professional Interview Dat	Professional Interview Date Result							
4. Family Details Civil Status(Single, Married, Sep	parated, Divorced,	Widowed):					
Next of Kin (the first emergency contact). Relationship; brother: Anton:+994702666130						6130		
Address of Residence AZERBA	IJAN					Phone:		
E 1 N		-						
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			
Seaman's Book	Azerbaijan	DQK 022505	BAKU, SMA	19.01.2023	19.01.2028			
Seaman's Book		AZE027376						
Travel Passport	Azerbaijan	C03541127	MINISTRY OF	25.01.2023	24.01.2033			
Travel Passport	-		INTERNAL AFFAIRS					
Civil Passport	Azerbaijan	AA1213948	QUSAR RPSH		08.05.2030			

6. Valid Visa							
Country or Union	Type	Valid Until					

7. Courses Attended and Certificates Obtained							
Document	Number	D	ates	Place			
Document	Number	Issue	Expiry	Trace			
Certificate of Competency	0096/23	11.01.2023		State Maritime and Port Agency			
Maltese Endorsement of COC							
Oil Tanker Endorsement							
Chemical Tanker Endorsement							
Gas Tanker Endorsement							
Oil Tanker Familiarization Training							
Chemical Tanker Familiarization Training							
Gas Tanker Familiarization Training							
Basic training and qualifications on oil and							
chemical tanker cargo operations							
Chemical Tanker Specialized Training							
Gas Tanker Specialized Training							
Safety familiarisation, basic training and instruction	SO-4710-22	18.10.2022	18.10.2027	State Maritime and Port Agency			
Proficiency in Survival Craft and Rescue Boats	SL-3380-22	20.10.2022	20.10.2027	State Maritime and Port Agency			
Advanced Fire Fighting							
Medical First Aid Training							
Medical First Aid Training and Medical Care							
GMDSS							
GMDSS Endorsement							
Radar Observation & Plotting							
Radar Navigation Plotting and use of ARPA							
Bridge Resource Management							
Shiphandling & Maneuvering							
Ship Security-related familiarization security-	SI-2548-22	18.10.2022	14.10.2027	State Maritime and Port Agency			
awareness training	31-2340-22	10.10.2022	14.10.2027	State Warttime and Fort Agency			
Maltese Endorsement of SSO							
ISM Code	SP-3244-22	27.10.2022	27.10.2027	State Maritime and Port Agency			
Safety Officer							
ECDISTraining Course							
Risk Assessment Course							
Leadership and Teamwork							
Fire Practice on Tankers							
Vapour Recovery System							
Unmanned Machinery Space							
FRAMO Familiarization Course							
Cargo Ballast Operations on Oil/Chemical Tankers							
Hazardous Materials							
Welder							
Turner							
Risk Management And Incident Investigation							
Training for seafarers with designated security	SH-2133-22	19.10.2022	19.10.2027	State Maritime and Port Agency			
duties	911-213 3- 22	17.10.2022	17.10.2027	Same Martine and 1 oft Agency			

9 Dhysical Data								
8. Physical Data Height		178						
- 5		73						
Weight Colour of Hair								
	Black							
Colour of Eyes	Mixed							
Boilersuit Size	XL							
Shoes Size		43						
9. Medical History				Yes	No			
Have you ever signed off a ship du	due to medical reasons?							
Did you undergo any medical oper								
Have you consulted a doctor during	g the las	t 12 months for an illness/ac	ecident?		No			
Do you have any health or disabilit	y proble	ems now?			No			
If yes, please give full details:								
		Passed:	V	alid till:				
International Medical Examination	l	06.06.2022	0	6.06.2024				
Vaccination Against Yellow Fiver								
Vaccination Against Diphtheria								
8 1								
			1					
10. References (please give name and addre	ess of your c	current or past employer)	Office re	emarks				
Name of Company	VI-ZA	STAR L.T.D						
Name of person to contact	ŞAKR	O BEY;+905308812604						
Address								
Phone	+9021	2252896 ;						
Name of Company								
Name of person to contact								
Address								
Phone								
				I				
11. Bank address for allotments								
Beneficiary								
Account No.								
Name of Bank								
Bank Address								
12 V			V .	-	NI.			
12. Knowledge and experience			Ye	es	No			
OCIMF vetting experience:								
ISGOT knowledge:								
13. I hereby declare that the above		ıding Medical History, is t						
Place: Signature								
14. For Office use only								
İ								

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
VOLODYMYR VOROBYOV	KITTS AND NEVIS	GENERAL CARGO	3346	SKL6 NVD 48 A- U,970KWT	970 KWT	VIZA STAR.LTD	Os Fitter	20.03 2023	16.11.2023	8
VOLODYMYR VOROBYOV	KITTS AND NEVIS	GENERAL CARGO	3346	SKL6 NVD 48 A- U,970KWT	970 KWT	VIZA STAR.LTD	Os Fitter	07.05 2023	24.11.2024	5.17

Total rank sea service:

Rank	Years
Os Fitter	13.17
Total	

Total type of vessel sea service:

Type of vessel	Years
OIL TANKER	
LPG	
DRY CARGO	13.17
TANKER ICE	
OIL /CHEMICAL TANKER	
FERRY	
Total:	