



APPLICATION FORM

Position Applied for RATING FORMING	
PART OF A NAVIGATIONAL WATCH	Date Available from:
ID -648N828	

1. Personal Data										
Family Name: ALIZADA	First Name : NURID	Middle Name: MAHAMMAD								
Date of Birth: 06.05.1997	Place of Birth : ASTARA DISTRICT, AZERBAIJAN	Citizenship AZERBAIJAN								
Permanent Address;		Phone (Home):								
AZERBAIJAN ,ASTARA D	DISTRICT.	Phone (Business/ Mobile) +994509864252 Email:nuridalizade2@gmail.com								

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2. Maritime Education												
Name of so	chool	Town	Cou	intry	From	Tc	To Type of degree or diploma					
IST MMC	LEN	NKORAN	AZERBA	IJAN								
3. Profession				· - ·								
English Test Da	ite		Name of	Test		Sc	ore					
Professional Te	act Data					80	ore					
T TOTCSSIONAL TO	23t Date		Name of	Test		30	oie					
Professional In	terview Date		Result									
4. Family De	ataile											
	Married, Separated, [Divorced Wid	owod):									
Civil Status(Sirigle, I	Marrieu, Separateu, L	Divorceu, vvia	owed).									
Next of Kin (the firs	t emergency contact	t)				Rela	tionship					
Address of Residen	се		Phone:									
						<u> </u>						
	Daughter	Son										
Family Name												
First Name												
Date of Birth												
City of living												
Phone Numbers												
5. Identity D	ocuments											
Document	Country	Nu	mber	Pla	ce of Issue		Issue Date	Expiry Date				
Seaman's	27394	State c	f mariti	me	02.04.2024	02.04.2029						
Book	Azerbaijan		administration			n						
							20 01 2025 29 01 2025					
Travel	Azerbaijan	C0503	27630				29.01.2025	28.01.2035				

Civil Passport	Azerbaijan		RPI			
6. Valid Visa						
Country or Union		Type		Vali	d Until	

7. Courses Attended and Certificates Obtained											
Document		Numb	er		Dates	Place					
				Issue	Expiry						
Certificate of Competency	RP1	4741	13.03	3.2024	13.03.2029	AZERBAIJAN					
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				
Oil Tankers Specialized Training	SA-0034-24	26.01.2024	26.01.2029	AZERBAIJAN
Chemical Tanker Specialized				
Training				
Gas Tanker Specialized Training				
Basic Trainings	SO-0428-24	19.02.2024	19.02.2029	AZERBAIJAN
Proficiency in Survival Craft and Rescue Boats	SL-0433-24	26.02.2024	26.02.2029	AZERBAIJAN
Advanced Fire Fighting				
Medical First Aid Training				
Medical First Aid Training and Medical Care				
GMDSS				
GMDSS Endorsement				
Radar Observation & Plotting				
Automatic Radar Plotting Aids Simulator (ARPA)				
Bridge Team Management				
Shiphandling & Maneuvering				
Ship Security-related familiarization security awareness training	SI-0564-24	14.02.2024	12.02.2029	AZERBAIJAN
Maltese Endorsement of SSO				
ISM Code	SP-0571-24	06.03.2024	28.02.2029	AZERBAIJAN
Safety Officer				
ECDISTraining 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				
Hazardous Materials				
Welder				
Turner				
Risk Management And Incident Investigation				
Training of seafarers with designated security duties in compliance with ISPS Code	SH-0333-24	05.02.2024	05.02.2029	AZERBAIJAN

8. Physical Data	
Height	166
Weight	75
Colour of Hair	CHESTNUT
Colour of Eyes	BROWN
Boilersuit Size	XL
Shoes Size	40

9. Medical History	Yes	No
Have you ever signed off a ship due to medical reasons?		+

Did you undergo any medical on	ωr	ation in the nast?			I	+				
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:										
ir yes, piease give ruii detaiis:										
	$\overline{}$	Passed:		Valid till:						
International Medical	\dashv	1 00000.		Valia tili.						
Examination		03.03.2025		03.03.20)27					
Vaccination Against Yellow Five	$\overline{}$									
Vaccination Against Diphtheria	┧									
Vaccination / Igamot Dipitinena	┪									
10. References (please give name and addi	ress	of your current or past	Offic	e remark	S					
employer)										
Name of Company										
Name of person to contact										
Address										
Phone										
Name of Company			İ							
Name of person to contact										
Address			1							
Phone			1							
11. Bank address for allotments										
Beneficiary										
Account No.										
Name of Bank										
Bank Address										
10 1/2 2001 2002 2003			l ,	\/a-		NIa				
12. Knowledge and experience				Yes		No				
OCIMF vetting experience:										
ISGOT knowledge:			<u> </u>							
13. I hereby declare that the above		including Medical Hi								
Place Date	9		Signat	ure						
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
m/v	CAMEROON	RO-RO	7769	MAK1	489	ALESTA	SEAMAN	16.07.202	18.01.202	

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ALTAY	CARGO	2M45 3	6/3 600 KW	RORO SHIPPING	4	5	
							7

Total rank sea service:

Total type of

vessel sea service:

Rank	Years	Type of vessel	Years
		OIL TANKER	
		LPG	
		DRY CARGSO	
		TANKER ICE	
		OIL /CHEMICAL TANKEI	٦
		FERRY	
Total		Total:	