



APPLICATION FORM

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Personal ID Number								

Position Applied for; 2 ND ENGINEER **Date Available from:**

1. Personal Data		
Family Name: VELIYEV	First Name: NIHAD	Middle Name: HABIL
Date of Birth: 06.01.1997	Place of Birth (City and Country) Position Applied for;	Citizenship: AZERBAIJAN.
Permanent Address 20th area, Sabail district, Baku		Phone (Home): +994 55 313 72 10 whatsapp: +994 55 797 72 70

2. Maritime Education					
Name of school	Country	Town	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	AZERBAIJAN	BAKU	2012	2016	SUBBAKALAVR

3. Professional Test		
English Test Date 10.08.2017	Name of Test INTERCHANGE	Score 66
Professional Test Date	Name of Test	Score
Professional Interview Date. NO	Result.	

4. Family Details					
Civil Status (Single, Married, Separated, Divorced, Widowed) : SINGLE					
Next of Kin (the first emergency contact) NO				Relationship NO	
Address of Residence				Phone : +994553137210	
	Daughter	Son		Daughter	Son
Family Name					
First Name					
Date of Birth					
City of living					
Phone Numbers					

Page 1 of 35. Identity Documents					
Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	AZERBAIJAN	DQK022614	Caspian Shipping	01.02.2023	01.02.2028
Travel Passport	AZERBAIJAN	C03081422	MINISTRY OF INTERNAL AFFAIRS	27.08.2020	26.08.2030
Civil Passport	AZERBAIJAN	AA4619829		26.12.2022	26.12.2032
6. Valid Visa NO					

[illegible]

8. Physical Data			
Height	180 CM		
Weight	80		
Colour of Hair	BLACK		
Colour of Eyes	BROWN		
Boilersuit Size	M		
Shoes Size	43		
9. Medical History			
Have you ever signed off a ship due to medical reasons?			Yes
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	02.03.2025		03.02.2027
Vaccination Against Yellow Fiver			
Vaccination Against Diphtheria			
10. References (please give name and address of your current or past employer)			Office remarks
Name of Company	SIO SHIPPING		
Name of person to contact	+994 50 213 81 56		
Address	Baku Azerbaijan		
Name of Company			
Name of person to contact			
Address			
Name of Company			
Name of person to contact			
Address			
Address			
Beneficiary			
Account No.			
Name of Bank			
Bank Address			
12. Knowledge and experience			
OCIMF vetting experience:			Yes
ISGOT knowledge:			No
13. I hereby declare that the above, including Medical History, is true			
The State Maritime Agency	Date .03. 02.2025	Signature	
14. For Office use only			

15. Seagoing Experience

C. PREVIOUS SEA SERVICE							
VESSEL	FLAG	TYPE / DWT	ENG / HP	RANK	S/ON	S/OFF	OWNERS
M/V TROYA	PANAMA	3500	1384KW	OILER	12.01.2019	29.08.2019	FLAMA SHIPPING
MV INANDI	PANAMA	3500	1384KW	OILER	17.09.2019	25.07.2020	IND SHIPPING
MV VOLZHSKIY 33	COMOROS	4998	765KW	3RD ENGI NEER	10.01.2022	10.05.2022	CUNDA SHIPPING
GAS MILANO	MARSHAL ISLANDS	4500	2800KW	3 RD ENGINEE R	21.05.2022	25.12.2022	PETROXI SHIPPING
MV SARA	PALAU	8949	3841KW	2ND ENGINEE R	24.02.2023	31.08.2023	SIO SHIPPING
MV LIDER TRABZON	COMOROS	11854	5300KW	2ND ENGINEER	20.04.2024	23.10.2024	LIDER SHIPPING

Total rank sea service: Total type of vessel sea service:

Rank	Years	Type of vessel	
		OIL TANKER	
		LPG	YES
2 RD ENGINEER	2023	DRY CARGO	YES
		TANKER ICE	
		OIL /CHEMICAL TANKER	
		FERRY	
Total	6 YEARS		