

APPLICATION FORM



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Personal ID Number											

Position Applied for: OYLER	Date Available from: ANY TIME
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1. Personal Data		
Family Name: SAMADOV	First Name: SHAMIL	Middle Name: ALAMDAR
Date of Birth: 23.09.1999	Place of Birth (City and Country): AZERBAIJAN/KHACHMAZ	Citizenship: AZERBAIJAN
Permanent Address: AZERBAIJAN, KHACHMAZ		Phone Mobile: and WHATSAPP +994557228770

2. Maritime Education					
Name of school	Town	Country	From	To	Type of degree or diploma
Kainat kollec	Baku	Azerbaijan	Yes	6month	Motorman

3. Professional Test		
English Test Date	Name of Test	Score
Professional Test Date	Name of Test	Score
Professional Interview Date	Result	

4. Family Details					
Civil Status(Single, Married, Separated, Divorced, Widowed) : MARRIDE					
Next of Kin (the first emergency contact) ABULFAZOV ALI				Relationship:	
Address of Residence : AZERBAYCAN, KHACHMAZ				Phone : +994557608732	
	Daughter	Son			
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	DQK015885	AZERBAIJAN, BAKU	03.02.2020	13.02.2025
Travel Passport	AZERBAIJAN	C02980209	AZERBAIJAN, BAKU	25.01.2021	24.01.2031
Civil Passport					

6. Valid Visa		
Country or Union	Type	Valid Until
N/A	N/A	N/A
N/A	N/A	N/A

7. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
		Issue	Expiry	

Certificate of Competency	IDN°RP10192 № 0472/20	28.10.2020	Ifinite	AZERBAIJAN
Basic Trainings	SH-0309-20	20.08.2020	20.08.2025	AZERBAIJAN
Proficiency in Survival Craft and Rescue Boats	SL-0699-20	03.09.2020	30.08.2025	AZERBAIJAN
Advanced Fire Fighting	SO-0989-20	06.09.2020	26.08.2025	AZERBAIJAN
FRAMO Familiarization Course	SI-0484-20	02.09.2020	02.09.2025	AZERBAIJAN
Training of seafarers with designated security duties in compliance with ISPS Code	SP-0660-20	01.09.2020	01.09.2025	AZERBAIJAN

8. Physical Data

Height	172 sm
Weight	80 kq
Colour of Hair	Brown
Colour of Eyes	Brown
Boilersuit Size	XL
Shoes Size	41

9. Medical History	Yes	No
Have you ever signed off a ship due to medical reasons?		No
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	27.11.2019	27.11.2021
Vaccination Against Yellow Fiver	N/A	N/A
Vaccination Against Diphtheria	N/A	N/A

10. References (please give name and address of your current or past employer)		Office remarks
Name of Company	Pernaval Qrup (6month)	Fiter.oiler

Name of person to contact	Yalçın bey	
Address	Türkiye istanbul	
Phone	+905411369422	
Name of Company	Səmaye shipping (6month)	Oiler
Name of person to contact		
Address		
Phone		

11. Bank address for allotments	
Beneficiary	
Account No.	
Name of Bank	
Bank Address	

12. Knowledge and experience	Yes	No
OCIMF vetting experience:		
ISGOT knowledge:		

13. I hereby declare that the above, including Medical History, is true		
Place: Baku	Date 27.11.2019	Signature:

14. For Office use only

15. Seagoing Experience

[illegible]

Total rank sea service:

Total type of vessel sea service: