APPLICATION FORM



| Position Applied for: SEAMAN | Date Availabl |
|------------------------------|---------------|
| Personal ID Number | |
| | |

| 1. PersonalData | | | | |
|-----------------------------------|---------------------------------|--|--|--|
| Family Name. MIRZAJANOV | First Name: MEHMAN | Middle Name: BILAL | | |
| Date of Birth: 03.01.2001 | Place of Birth: AZERBAIJAN,BAKU | Citizenship: AZEBAIJANIAN | | |
| Permanent Address: AZER JALILABAD | BAIJAN region. | Phone (Home): NO Phone (Business/ Mobile): +994506944845 E-mail:mirzecanovmehman77@gmail.com | | |
| | | | | |

Date Available from: ANY TIME

| 2. MaritimeEducation | | | | | |
|----------------------|------------|------|------------|------------|---------------------------|
| Nameofschool | Country | Town | From | To | Type of degree or diploma |
| AZERBAIJAN CASPIAN | AZERBAIJAN | BAKU | 12.01.2024 | 12.07.2024 | 6 Month |
| | | | | | |

| 3. ProfessionalTest | | |
|---------------------------|------------|-------|
| EnglishTestDate | NameofTest | Score |
| ProfessionalTestDate | NameofTest | Score |
| ProfessionalInterviewDate | Result | |

| 4. FamilyDetails | |
|---|--------------------------|
| Civil Status(Single, Married, Separated, Divorced, Widowed): single | |
| | |
| Next of Kin (the first emergency contact): | Relationship / MY NUMBER |
| Address of Residence: AZERBAIJAN,BAKU | Phone: +994507840151 |

| | Doughter | Son | | |
|------------|----------|-----|--|--------------|
| FamilyName | | | | Dogo 1 of 5 |
| П | | | | 1 age 1 01 3 |

| FirstName | | | |
|--------------|--|--|--|
| DateofBirth | | | |
| Cityofliving | | | |
| PhoneNumbers | | | |

| 5. IdentityDocur | nents | | | | |
|------------------|------------|-----------|-------------------------------|------------|------------|
| Document | Country | Number | PlaceofIssue | IssueDate | ExpiryDate |
| Seaman'sBook | AZERBAIJAN | AZE034531 | State Maritime Administration | 04.09.2024 | 04.09.2029 |
| TravelPassport | AZERBAIJAN | C05226475 | AZERBAIJAN. BAKU | 24.08.2024 | 23.08.2034 |

| 6. ValidVisa | | |
|----------------|------|------------|
| CountryorUnion | Type | ValidUntil |
| | | |
| | | |

| 7. Courses Attended and Certificates Obtained | | | | | |
|---|------------|------------|------------|-------------------------------|--|
| Document | Number Da | | ites | Place | |
| Document | Number | Issue | Expiry | Trace | |
| CertificateofCompetency | RP15852 | 27.08.2024 | | State Maritime Administration | |
| MalteseEndorsementof COC | | | | | |
| OilTankerEndorsement | | | | | |
| ChemicalTankerEndorsement | | | | | |
| GasTankerEndorsement | | | | | |
| Advanced training for oil tanker cargo operations | | | | | |
| ChemicalTankerFamiliarizationTraining | | | | | |
| GasTankerFamiliarizationTraining | | | | | |
| OilTankersSpecializedTraining | | | | | |
| ChemicalTankerSpecializedTraining | | | | | |
| GasTankerSpecializedTraining | | | | | |
| BasicTrainings | SO-2654-24 | 16.07.2024 | 28.06.2029 | State Maritime Administration | |
| Proficiency in Survival Craft and Rescue Boats | SL-2295-24 | 20.07.2024 | 08.07.2029 | State Maritime Administration | |
| AdvancedFireFighting | | | | | |
| MedicalFirstAidTraining | | | | | |
| Medical First Aid Training and Medical Care | | | | | |
| RO-ro | | | | | |
| Crisis management and human behavior training | | | | | |
| WELDER(Elektrod-MMA) | | | | | |
| Automatic Radar Plotting Aids Simulator (ARPA) | | | | | |
| BridgeTeamManagement | | | | | |
| Shiphandling&Maneuvering | | | | | |
| Ship Security-related familiarization security-awa | | | | | |
| reness training | SI-2807-24 | 16.07.2024 | | State Maritime Administration | |
| MalteseEndorsementof SSO | | | | | |
| ISM Code | SP-2490-24 | 06.08.2024 | 24.07.2029 | State Maritime Administration | |
| SafetyOfficer | | | | | |
| ECDISTrainingCourse | | | | | |
| RiskAssessmentCourse | | | | | |
| C.O.W./ I.G.S | | | | | |
| FirePracticeonTankers | | | | | |
| VapourRecoverySystem | | | | | |
| UnmannedMachinerySpace | | | | | |
| WELDER(Elektrod-MMA) | | | | | |
| Cargo Ballast Operations on Oil/Chemical Tanker | | | | | |
| s | | | | | |
| Engine resoursce management | | | | | |
| Leadership and Teamwork | | | | | |
| High woltage | | | | | |
| Risk Management And Incident Investigation | | | | | |
| Training of seafarers with designated security duti | SH-2320-24 | 31.07.2024 | | State Maritime Administration | |
| Dangerous hazardous and harmfull cargoes | | | | Page 2 of 5 | |

| 0 DI 1 D 1 | | | |
|---|---------------------------------------|-----------------------|----|
| 8. PhysicalData | 175 | | |
| Height | 90 | | |
| Weight | Black | | |
| ColourofHair | Chestnut | | |
| ColourofEyes BoilersuitSize | 43 | | |
| ShoesSize | XXL | | |
| 9. MedicalHistory Have you over signed off a ship du | a ta madical rassons? | Yes | No |
| Have you ever signed off a ship du | | | + |
| Did you undergo any medical opera | | ass/accident? | + |
| Have you consulted a doctor during Do you have any health or disabilit | | ess/accident? | + |
| Do you have any nearm or disability | y problems now: | | + |
| International Medical Examination Vaccination Against Yellow Fiver | Passed: 26.12.2023 | Validtill: 26.12.2025 | |
| VaccinationAgainstYellowFiver | | | |
| VaccinationAgainstDiphtheria | | | |
| 10. References (please give name and address) | ess of your current or past employer) | Officeremarks | |
| NameofCompany | | | |
| Name of person to contact | | | |
| Address | | | |
| Phone | | | |
| NameofCompany | | | |
| Name of person to contact | | | |
| | | | |
| Address | | | |
| • | | | |
| Address Phone | | | |
| Address Phone 11. Bankaddressforallotments | | | |
| Address Phone 11. Bankaddressforallotments Beneficiary | | | |
| Address Phone 11. Bankaddressforallotments Beneficiary AccountNo. | | | |
| Address Phone 11. Bankaddressforallotments Beneficiary AccountNo. NameofBank | | | |
| Address Phone 11. Bankaddressforallotments Beneficiary AccountNo. | | | |
| Address Phone 11. Bankaddressforallotments Beneficiary AccountNo. NameofBank BankAddress | | Vas | No |
| Address Phone 11. Bankaddressforallotments Beneficiary AccountNo. NameofBank BankAddress 12. Knowledgeandexperience | | Yes | No |
| Address Phone 11. Bankaddressforallotments Beneficiary AccountNo. NameofBank BankAddress | | Yes | No |

BasicTraining and qualifications on oil and chemic al tanker cargo operations

| 14. ForOfficeuseonly | |
|----------------------|--|
| | |
| | |
| | |
| | |

15. SeagoingExperience

| Nameofves sel | Flag | Vessel 's Ty pe | DW T | EngTy pe | НР | Manageror Owner | Rank | From d/ m/y | To d/m/ | Tota l m/d |
|------------------|------|-----------------------|---------|------------------|----|--------------------|-------|----------------|------------|------------------|
| MORNOVA | AZE | Dry cargo | 2500 | Wartsila 6L20 | | Azerbaijan company | cadet | 09.04.2024 | 12.07.2024 | 3 mnt |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Total rank sea service:

Total type of vessel sea service:

| | Total Tallix Sca Sci vicc. | Total type of vessel sea sel vice: | | | | |
|-------|----------------------------|------------------------------------|-------|--|--|--|
| Rank | Years | Typeofvessel | Years | | | |
| | | OIL TANKER | | | | |
| | | LPG | | | | |
| | | DRY CARGO | | | | |
| | | | | | | |
| | | TANKER ICE | | | | |
| | | OIL /CHEMICAL TANKER | | | | |
| | | FERRY | | | | |
| Total | | Total: | | | | |