

APPLICATION FORM



1	Position	
	Position Applied for:	Able Seafarer Deck
	Date Available from:	13.03.2025

2	Personal Information						
	First Name: NIJAT	Last Name: ALIYEV					
	Date of Birth: 27.05.2002	Place of Birth (City and Country): Azerbaijan, Neftchala					
	Email: tesla7022704@gmail.com	Mobile Number: +994 50 702 27 04					
	Permanent Adress:Neftchala district,	Expected Salary Per Month;					
	 Mammad Amin Rasulzadeh street.						
	 Nationality: Azerbaijan	Alternative rank applying for: Able Seafarer Deck					
	Person to call in emergency: (+994) 50 702 27 00 brother						

3	Family Details	Family Details: (If Unmarried kindly give details of Father / Mother)										
	First Name	Last Name	Gender	Relation	Contact							
	Gunduz	Aliyev	Male	brother	(+994) 50 702 27 00							

4	Maritime Education									
	Name of schoo	Country	From	To	Type of degree or diploma					
	Azerbaijan State	Azerbaijan	2020	2024	bachelor					
	Maritime Academy	-								

5	LANGUAGE SKILLS	reading	speaking	writing
	English	Low	good	good
	Rus	Low	Low	Low
	Türk	good	better	good

6	Physical Data					
	Height	167 sm				
	Weight	66 kq				
	Boilersuit Size	M				
	Shoes Size	42				
	Blood group	B(111)RH+				
	Additional Physical Information:{You can write any other information you want to add about your physique in this field.}					

7	Seaman's Book & Identify Docs											
	DOCUMENT	COUNTRY	NUMBER	NUMBER		PLACE OF	ISSUE	DATE OF				
					ISSUE			EXPIRY				
	Seaman Book	Azerbaijan	DQK 017	DQK 017785 C03134632		Azerbaijan	Azerbaijan					
	Republic of	Azerbaijan	C0313463			Azerbaijan	Azerbaijan					
	Azerbaijan					-						
	Certificate of	Azerbaijan	RP15935		28.02.2025	Azerbaijan						
	Competency			-								
	Do you hold a US	S Visa 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry D	ate: -				
	Do you hold a US	S Visa	YES/NO	NO	Issue Date:	-	Expiry D	ate: -				
	'B1/B2'?											
	Have you been re	isa applied f	sa applied for?		NO							
	If YES, please sta	ite the country a	nd reasons		_							

8	STCW Certificates & Trainings									
	Courses	Issued	Certificate	Training	Date	Date Of				
		Country	No.	Center	Issued	Expiry				
	PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-1701-21	UAG	23.07.2021	14.06.2026				
	FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1701-21	UAG	23.07.2021	14.06.2026				
	ELEMENTARY FIRST AID	Azerbaijan	SO-1701-21	UAG	23.07.2021	14.06.2026				
	PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1701-21	UAG	23.07.2021	14.06.2026				
	SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1701-21	UAG	23.07.2021	14.06.2026				
	International Safety Management	Azerbaijan	SP-1277-21	UAG	30.07.2021	16.06.2026				
	Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3719-24	UAG	25.10.2024	25.10.2029				
	Security Awareness Training For All Seafarers	Azerbaijan	SI-0815-21	UAG	17.01.2021	18.06.2026				
	Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3410-24	UAG	24.10.2024					
	GMDSS General Operator	Azerbaijan	DQ-0115-24	UAG	23.02.2024	14.06.2028				
	Leadership & Teamwork	Azerbaijan	SR-0025-24	UAG	23.02.2024	09.01.2029				
	ECDIS	Azerbaijan	SZ-0108-24	UAG	27.02.2024	05.01.2029				

9	Insurance, Health Related Documentation							
	Medical Certificate (Fit for Duty)	Date Issued / Date Of Expiry	12.03.2025 / 12.03	3.2026				
		Vaccination						
	Yellow Fever	YES/NO	NO					
	COVID-19	YES/NO	YES	S				

10											
Company	Name of Vessel	Flag	Vessel`s Type	DWT	GRT	TEU	Rank	From d/m/y	To d/m/y	Total m/d	REASONS FOR S/OFF
ASCO	SABİT ORUJOV	Azerbaijan	Passenger	493	577 pr		Cadet	2020	2021	3 month	End of Contract
ASCO	ALI MUSTAFAYEV	Azerbaijan	Oil tanker	4055	3277		Cadet	2021	2022	3 month	End of Contact
ASCO	GENERAL ASADOV	Azerbaijan	Pasenger	493	577 pr		Cadet	2022	2023	3 month	End of Contact
ASCO	BESTEKAR FİKRET EMİROV	Azerbaijan	Ferry	4763	6894		Cadet	2023	2024	4 month	End of Contact

11	Travel Documents									
	Name	YES/NO	Country	Date pf Expire						
	Schengen	NO	NO							
	US	NO	NO							
	China	NO	NO							
	Australia	NO	NO							

12	Medical history	YES/NO
	Have you ever signed off a ship due to medical reasons?	NO
	Have you undergone any 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
	Do you take any medications regularly?	NO

.3	General		YES/NO
	Have you ever been the subject o	f a court of enquiry or involved in a maritime accid	dent? NO
	Have you ever had a professional	*	NO
	(If YES, please	give full details and attach a separate page if necessary)	
4		e the name and address of your current or	immediate past
1	References (Please give employer) Name of company	e the name and address of your current or a	<i>immediate past</i> 2.
	employer)		
	employer) Name of company		