



| | | | |
|-----------------------------|-----------------|-------------------------|-----------------------|
| APPLICATION FOR POSITION AS | O/S-DECK | OTHER POSITION (IF ANY) | RATING FORMING |
|-----------------------------|-----------------|-------------------------|-----------------------|

| 1. PERSONAL DETAILS | | | | | |
|--------------------------------|------------------------------------|--------------------------------|---------------|--|----------------|
| TITLE MR/MRS/MISS | MR | SEX | MALE | <input checked="" type="checkbox"/> | FEMALE |
| SURNAME | SHAHVERDIZADA | | | | |
| FIRST NAME | SHAHRIYAR | OTHERS NAMES | N/A | | |
| DATE OF BIRTH | 18.02.1999 | PLACE OF BIRTH | AZERBAIJAN | | |
| NATIONALITY | AZERBAIJANIAN | MARITAL STATUS | SINGLE | | |
| COLOUR OF EYES | BROWN | COLOUR OF HAIR | BLACK | | |
| MOTHER'S NAME | SEVDA | FATHER'S NAME | CAMAL | | |
| MOTHER'S MAIDEN NAME | XUDAVERDIYEVA | | | | |
| HEIGHT (CM) | 173 | WEIGHT (KG) | 60 | | |
| NEAREST INTERNATIONAL AIRPORT: | | H.ALIYEV INTERNATIONAL AIRPORT | | | |
| 2. ADDRESS | | ADDRESS (TEMP.) FROM/TO: | | | |
| NO & STREET | ASTARA, SHAHAGAC | NO & STREET | N/A | | |
| CITY | ASTARA | CITY | N/A | | |
| POST CODE | AZ 0702 | POST CODE | N/A | | |
| COUNTRY | AZERBAIJAN | COUNTRY | N/A | | |
| TEL. NO. | +994552457889 | TEL. NO. | N/A | | |
| MOBILE | +994702457889 | MOBILE | N/A | | |
| E-MAIL | Shahverdizade1999@gmail.com | E-MAIL | N/A | | |
| FAX | N/A | FAX | N/A | | |
| 3. NEXT OF KIN | | | | | |
| FULL NAME | SHAHVERDIZADA SHAHRIYAR CAMAL OGLU | | RELATIONSHIP | FATHER | |
| ADDRESS | ASTARA, SHAHAGACI | | | | |
| CITY | ASTARA | | COUNTRY | AZERBAIJAN | |
| TEL. NO. | 0252223276 | MOBILE | +994552457889 | FAX NO. | N/A |
| 4. TRAVEL DOCUMENTS | | | | | |
| TYPE | DOCUMENT NO. | ISS.DATE | EXP. DATE | ISS. BY (AUTHORITY) | PLACE OF ISSUE |
| PASSPORT | C03559654 | 16,08,2022 | 15,08,2032 | MINISTRY OF INTERNAL AFFAIRS | AZERBAIJAN |
| SEAMAN BOOK | DQK 021865 | 06.11.2022 | 06.11.2027 | AZERBAIJAN STATE MARITIME ADMINISTRATION | AZERBAIJAN |

| 5. BANK ACCOUNT INFORMATION | | | | | | | | | |
|---|---|---------|--------------|-------------|--|------------|------------|------------|--|
| BANK NAME | | | | | | BRANCH | | | |
| BANK ADDRESS | | | | | | | | | |
| CITY | | | | | | COUNTRY | Azerbaijan | | |
| SORT CODE | | | ACCOUNT NO | | | | | | |
| BANK SWIFT CODE | | | BANK TEL. NO | | | | | | |
| ACCOUNT OWNER'S NAME | | | | | | | | | |
| ACCOUNT OWNER'S ADDRESS | | | | | | | | | |
| 6. EDUCATION | | | | | | | | | |
| SCHOOL NAME | AZERBAIJAN KASPIAN EDUCATION CENTER MMC | | | | FROM | 01.04.2022 | TO | 14.10.2022 | |
| 7. PROFESSIONAL QUALIFICATION / CERTIFICATE OF COMPETENCY | | | | | | | | | |
| CERTIFICATE NAME | | NUMBER | ISSUE DATE | EXPIRY DATE | ISSUED BY (AUTHORITY) | | ISSUED AT | | |
| RATING FORMING PART OF A NAVIGATIONAL WATCH | | 2331/22 | 25.10.2022 | NONE | AZERBAIJAN STATE MARITIME ADMINISTRATION | | AZERBAIJAN | | |
| 8. LANGUAGES | | | | | | | | | |
| ENGLISH | FLUENT | | GOOD | | FAIR | | POOR | | |
| TURKISH | FLUENT | | GOOD | X | FAIR | | POOR | | |
| RUSSIAN | FLUENT | | GOOD | | FAIR | | POOR | X | |
| 9. HEALTH CERTIFICATES & VACCINATIONS | | | | | | | | | |
| FLAGE STATE | NUMBER | | ISSUE DATE | EXPIRY DATE | ISSUED BY (AUTHORITY) | | ISSUED AT | | |
| SEAMAN'S MEDICAL CERTIFICATE | 20671 | | 07.04.2022 | 07.04.2024 | Uniklinika Medical Center | | AZERBAIJAN | | |
| 10. SAFETY CLOTHING | | | | | | | | | |
| BOILERSUIT SIZE | M | | | BOOTS SIZE | | 41 | | | |
| 11. MARINE COURSES | | | | | | | | | |
| COURSE NAME | NUMBER | | ISSUE DATE | EXPIRY DATE | ISSUED BY (AUTHORITY) | | ISSUED AT | | |
| BASIC SAFETY TRAINING | SO-2880-22 | | 25.09.2020 | 25.09.2025 | AZERBAIJAN STATE MARITIME ADMINISTRATION | | AZERBAIJAN | | |
| ADV. FIRE FIGHTING | SJ-1534-22 | | 22.04.2021 | 22.04.2026 | AZERBAIJAN STATE MARITIME ADMINISTRATION | | AZERBAIJAN | | |
| DESIGNATED SECURITY DUTIES | SH-1248-22 | | 05.07.2022 | 05.07.2027 | AZERBAIJAN | | | | |
| ISM CODE | SP-1984-22 | | 30.06.2022 | 30.06.2027 | AZERBAIJAN STATE MARITIME ADMINISTRATION | | AZERBAIJAN | | |
| ISPS BASIC FAMILIARIZATION | SI-1789-22 | | 15.07.2021 | 02.07.2026 | AZERBAIJAN STATE MARITIME ADMINISTRATION | | AZERBAIJAN | | |

COMPLETE SEA – SERVICE DETAILS
(LAST VESSELS FIRST)

NAME: SHAHVERDIZADA SHAHRIYAR CAMAL RANK: O/S- SEA MEN AVAILABILITY DATE:

| COMPANY NAME | RANK | VESSEL NAME | SIGNED ON | SIGNED OFF | PERIOD IN MONTHS (eg 4.2) | TYPE OF VESSEL | D.W.T. | ENGINE TYPE (ENGINEERS ONLY) | BHP | KW |
|---------------------------|------------|--------------|------------|------------|---------------------------|----------------|--------|-------------------------------|-----|------|
| INTELLIGENCE ALLIANZ LTEE | OS/DECK | SOGDIANA | 26.11.2022 | 15.03.2023 | 2.13 | AHTS | 3054 | SULZER | 700 | 1238 |
| GUHA SHIPPING COMPANY | O/S SEAMAN | M/V USKO MFU | 01.06.2023 | 10.03.2024 | 8.09 | GENERAL CARGO | 4244 | SHAGAMAN | | 1850 |
| NORTH GLOBAL SHIPPING | O/S SEAMAN | M/V SAFINA | 02.07.2024 | 08.01.2025 | 6/06 | GENERAL CARGO | 3000 | DEUTZ 6M628 | | 2373 |

I declare that the information I have given is, to the best of my knowledge, true and complete. I also declare that the documents submitted are genuine, given and sign by persons whose names appear on them.

08.02.2023

DATE

S. SHAHVERDIZADA

SIGNATURE

| | | | |
|---|---------|---|----------------|
| Officer Application Form | | Ref .No | |
| | | (For Official Use) | |
| Medical History | | | |
| Have you ever signed off from a ship due to medical reasons? | | | NO |
| (If yes give details) | | | *yes/no |
| Name of Vessel | | Date of occurrence (dd-mmm-yyyy) | |
| | | | |
| | | | |
| Brief Description Of illness/Injury/Accident | | | |
| Details | | | |
| Have you ever suffered from any ailment or disease in the past that is likely to render you unfit for sea service or likely to endanger the health /well being of others onboard? | | NO | |
| (If Yes give details) | *Yes/No | | |
| | | | Details |
| Do you have any bodily defects or deficiencies? | | NO | |
| (If Yes give details) | *Yes/No | | |
| | | | Details |
| Are you currently suffering from any ailment or disease that is likely to render you unfit for sea service or likely to endanger the healthy /well being of others onboard? | | NO | |
| (If Yes give details) | *Yes/No | | |
| | | | Details |
| Are you addicted to alcohol or drug of any kind? | | NO | |
| (If Yes give details) | *Yes/No | | |
| | | | Details |
| Are you suffering from an ailment that requires you to be on a long -term treatment/medication? | | NO | |
| (If Yes give details) | *Yes/No | | |
| | | | Details |
| Have you ever deported or banned from entering any country? | | NO | |
| (If Yes give details) | *Yes/No | | |
| | | | Details |
| Have you ever been convicted of a criminal or drug offence or have any pending offences? | | NO | |
| (If Yes give details) | *Yes/No | | |
| | | | Details |
| Do you have any obligations towards your current/previous employers? | | NO | |
| (If Yes give details) | *Yes/No | | |

I hereby affirm that all the information provided by me in this application is true and correct to the best of my knowledge and belief; further, that no certificate of competency or License issued to me has ever been Revoked or Suspended. I also certify that my medical history contained above is true and any false statement or undisclosed Material information about past illness or injury will disqualify me from any employment benefits and claims.

.....

dd-mmm-yyyy (Format)

Signature