## **APPLICATION FORM**



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Personal ID Number											

Country

Document

Number

Tamily Name	Position Applied for: COOK						Date Available from:ANY TIME			
Family Name	Personal Data	1				•				
Permanent Address: AZERBAIJAN,ASTARA.  Phone (Home): NO Phone (Business/ Mobile): +9945079641 E-mail: nazir.2003.1.1@icloud.com  2. MaritimeEducation  Nameofschool Country Town From To Type of degree or di IST SERVICE AZERBAIJAN 12.01.2023 15.05.2024 IST SERVICE  3. ProfessionalTest EnglishTestDate NameofTest Score  ProfessionalInterviewDate Result  4. FamilyDetails Civil Status(Single, Married, Separated, Divorced, Widowed): SINGL  Next of Kin (the first emergency contact): Hasanzade orkhan(Friend)  Relationship /  Address of Residence: Phone:	mily Name.	-		:						
Phone (Business/ Mobile): +9945079641 E-mail: nazir.2003.1.1@icloud.com    Country   Town   From   To   Type of degree or displayed in the second of the sec	te of Birth:01	.01.2003	Place of Birth: A	AZERBAIJAN,A	ASTARA	Citiz	zenship: AZE	BAIJANIAN		
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DateofBirth										
Spoken language TURKEY					TURKE	Y				
PhoneNumbers	oneNumbers									

PlaceofIssue

ExpiryDate Page 1 of 5

IssueDate

Seaman'sBook	AZERBAIJAN	AZE035772	State Maritime Administration	01.02.2025	01.02.2030
TravelPassport	AZERBAIJAN	C03158293	AZERBAIJAN ASTARA	23.05.2023	22.05.2033

6. ValidVisa									
CountryorUnion	Type	ValidUntil							

Advanced training for oil tanker cargo operations Chemical Tanker Endorsement Chemical Tanker Endorsement Advanced training for oil tanker cargo operations Chemical Tanker Specialized Training Oil Tanker Specialized Training Cas Tanker Specialized Traini	7. Courses Attended and Certificates Obtain	ned			
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Dangerous hazardous and harmfull cargoes		SH-00682-23	15.03.2023	07.03.2028	State Maritime Administrati
	Dangerous hazardous and harmfull cargoes			1	
al tanker cargo operations	BasicTraining and qualifications on oil and chemic				

8. PhysicalData				
Height	173			
Weight	85			
ColourofHair	Black			
ColourofEyes	Chestnut			
BoilersuitSize	41			
ShoesSize	M			
9. MedicalHistory			Yes	No
Have you ever signed off a ship due	to medical reasons?		1 CS	+
Did you undergo any medical operat				+
Have you consulted a doctor during to		ness/accident?	)	+
Do you have any health or disability		inessi decidenti.		+
2 o you may a uniy mountain or unsuccinity	process no w		<u> </u>	<u> </u>
If yes, please give full details:				
	Passed:		Validtill:	
InternationalMedicalExamination	21.01.2025		21.01.2027	
VaccinationAgainstYellowFiver				
VaccinationAgainstDiphtheria				
10 Deferences (	· · · · · · · · · · · · · · · · · · ·	Office	eremarks	
10. References (please give name and address	of your current or past employer)	Office	eremarks	
NameofCompany				
Name of person to contact				
Address				
Phone				
NameofCompany				
Name of person to contact				
Address				
Phone				
11. Bankaddressforallotments				

11. Bankaddressforallotments						
Beneficiary						
AccountNo.						
NameofBank						
BankAddress						

12. Knowledgeandexperience	Yes	No
OCIMF vettingexperience:		
ISGOT knowledge:		

13. I hereby declare that the above, including Medical History, is true							
Place							

## 14. ForOfficeuseonly

## 15. SeagoingExperience

Nameofvessel	Flag	Vessel's Type	DWT	EngType	HP	ManagerorOwner	Rank	From d/m/y	To d/m/y	Total m/d
MORNOVA	AZE	Dry cargo	2500	Wartsila 6L20		Azerbaijan company	cadet	15.03.2023	15.05.2023	2 mnt

Total rank sea service:

Total type of vessel sea service:

Years	Typeofvessel	Years			
	OIL TANKER				
	LPG				
	DRY CARGO				
	TANKER ICE				
	OIL /CHEMICAL TANKE				
	R				
	FERRY				
	Total:				
	Years	Years  Typeofvessel  OIL TANKER  LPG  DRY CARGO  TANKER ICE  OIL /CHEMICAL TANKE  R  FERRY			