CV FORM

Personal ID Number											

Position Applied for : SAILOR	**Date Available from: ANY TIME**

1. Personal Data		
Family Name: **ABIYEV**	**First Name:** **ELNUR**	**Middle Name:** **SHAMIL**
Date of Birth: **02.08.1998**	Place of Birth (City and Country): **AZERBAIJAN**	Citizenship: **AZERBAIJANIAN**
Permanent Address: AZERBAIJAN, BAKU		Phone Mobile: **+99455-522-10-82** (24 hrs) E-mail:

2. Maritime Education					
Name of school	Town	Country	From	To	Type of degree or diploma
KAINAT-M TM MMC					**SERTIFICATE**

3. Family Details	
Civil Status(Single, Married, Separated, Divorced, Widowed) : **SINGLE**	
Next of Kin (the first emergency contact) **ABIYEV SHAMIL**	**Relationship: FATHER**
Address of Residence **AZERBAIJAN BAKU CITY**	**Phone : +99450-551-70-42**

	Daughter	Brother			
Family Name		**ABIYEV**			
First Name		**ELNUR**			
Date of Birth		**02.08.1998**			
City of living		**BAKU**			
Phone Numbers		**+99450-551-70-42**			

5. Identity Documents					
Document	**Country**	**Number**	**Place of Issue**	**Issue Date**	**Expiry Date**
Seaman's Book	AZERBAIJAN	DQK 015317	AZERBAIJAN, BAKU	23/09/2019	23/10/2024
Travel Passport	AZERBAIJAN	C03018367	AZERBAIJAN, BAKU	18/02/2020	17/02/2030
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	**Expairy**	
Certificate of Competency	**0249/20 RP09200**	**16.03.2020**	**16.03.2025**	**AZERBAIJAN**
Training for seafarers with designated security duties	SH-0198-20	29.02.2020	28.02.2025	AZERBAIJAN
STCW-78,A-VI/1-1/1-2/1-3/1-4	SO-2239-18	30.08.2018	30.08.2023	
INT SAFETY MANAGMENT	SP-1783-18	20.08.2018	17.08.2023	
SHIP SECRUTY AWARENESS	SI-1419-18	03.09.2018	03.09.2023	
PROFIENCY IN SURVIVAL CRAFT AND BOATS OTHER other than fast rescue boats	SI-2137-18	16.08.2018	15.08.2023	
MEDICAL SERTIFICAT		12.04.2021	12.04.2023	

8. Physical Data	
Height	**170sm**
Weight	**60 kg**
Colour of Hair	**Black**
Colour of Eyes	**Brown**
Boilersuit Size	**L**
Shoes Size	**40**

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**

	Passed:	Valid till:
International Medical Examination	**N/A**	**N/A**
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	CEVAHIRLER	
Name of person to contact		
Address	TURKEY	
Phone		

11. language knowledge	
ENGLISH	**GOOD**
RUSSIAN	**GOOD**

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	Signature:

14. For Office use only

15. Seagoing Experience

Name of vessel	Flag	Vessel's Type	DWT	Eng Type	HP	Manager or Owner	Rank	From d/m/y	To d/m/y
DAIMOND C	COMOROS	DRY CARGO	3108 T	2X 700		CEVAHIRLER SHIPPING	AB	23/04/2021	09/12.2021
OMSKIY 117	COMOROS	DRY CARGO	3300 T	2X 700		CEVAHIRLER SHIPPING	AB	10/06/2022	23/12/2022
FG SEVİL	PANAMA	DRY CARGO	6647 T	104.2x 17.2m		FG SHIIPPING	AB	28.03.2023	25.09.2023