



## APPLICATION FORM

**Position Applied for RATING FORMING  
PART OF A NAVIGATIONAL WATCH  
ID -645RWBW**

**Date Available from:**

### 1. Personal Data

<b>Family Name:</b>  <b>ALIYEV</b>	<b>First Name :</b>  <b>KHALID</b>	<b>Middle Name:</b>  <b>HAJIBABA</b>
<b>Date of Birth:</b> <b>17.06.1997</b>	<b>Place of Birth :</b> <b>MASALLI DISTRICT, AZERBAIJAN</b>	<b>Citizenship</b> <b>AZERBAIJAN</b>
<b>Permanent Address ;</b>  <b>AZERBAIJAN , MASALLI DISTRICT.</b>		<b>Phone (Home):</b> <b>Phone (Business/ Mobile)+994509868464</b> <b>Email:</b>

### 2. Maritime Education

Name of school	Town	Country	From	To	Type of degree or diploma
<b>KAINAT-M TM MMC</b>	<b>BAKU</b>	<b>AZERBAIJAN</b>			<b>MT-000865</b>

### 3. Professional Test

English Test Date	Name of Test	Score
Professional Test Date	Name of Test	Score
Professional Interview Date	Result	

### 4. Family Details

**Civil Status**(Single, Married, Separated, Divorced, Widowed) :

**Next of Kin** (the first emergency contact)

Address of Residence

**Relationship**

Phone :

	Daughter	Son			
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<b>Family Name</b>	ALILI				
<b>First Name</b>	JABRAYIL				
<b>Date of Birth</b>	03.01.1995				
<b>City of living</b>	MASALLI DISTRICT				
<b>Phone Numbers</b>	+994 50 775 8172				

### 5. Identity Documents

Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	<b>Azerbaijan</b>	DQK018927	<b>State of maritime administration</b>	<b>18.12.2021</b>	<b>18.12.2026</b>
Travel Passport	<b>Azerbaijan</b>	C01317091	<b>Ministry of internal affairs</b>	03.10.2017	02.10.2027
Civil Passport	<b>Azerbaijan</b>		<b>RPI</b>		

### 6. Valid Visa

Country or Union	Type	Valid Until

### 7. Courses Attended and Certificates Obtained

Document	Number	Dates		Place
		Issue	Expiry	
Certificate of Competency	<b>RP11134</b>	16.03.2022	16.03.2027	<b>AZERBAIJAN</b>
Maltese Endorsement of COC				
Oil Tanker Endorsement				
Chemical Tanker Endorsement				
Gas Tanker Endorsement				
Oil Tanker Familiarization Training				
Chemical Tanker Familiarization Training				
Gas Tanker Familiarization Training				
Oil Tankers Specialized Training				
Chemical Tanker Specialized Training				
Gas Tanker Specialized Training				
Basic Trainings	<b>SO-0799-22</b>	24.02.2022	21.02.2027	<b>AZERBAIJAN</b>
Proficiency in Survival Craft and Rescue Boats	<b>SL-0397-22</b>	28.02.2022	28.02.2027	<b>AZERBAIJAN</b>
Advanced Fire Fighting				
Medical First Aid Training				
Medical First Aid Training and Medical Care				
GMDSS				
GMDSS Endorsement				
Radar Observation & Plotting				
Automatic Radar Plotting Aids Simulator (ARPA)				
Bridge Team Management				
Shiphandling & Maneuvering				
Ship Security-related familiarization security awareness training	<b>SI-0365-22</b>	24.02.2022	24.02.2027	<b>AZERBAIJAN</b>
Maltese Endorsement of SSO				

ISM Code	<b>SP-0494-22</b>	02.03.2022	02.03.2027	<b>AZERBAIJAN</b>
Safety Officer				
ECDIS Training Course				
Risk Assessment Course				
C.O.W./ I.G.S				
Fire Practice on Tankers				
Vapour Recovery System				
Unmanned Machinery Space				
FRAMO Familiarization Course				
Cargo Ballast Operations on Oil/Chemical Tankers				
Hazardous Materials				
Welder				
Turner				
Risk Management And Incident Investigation				
Training of seafarers with designated security duties in compliance with ISPS Code	<b>SH-0242-22</b>	23.02.2022	23.02.2027	<b>AZERBAIJAN</b>

### 8. Physical Data

Height	192
Weight	<b>87</b>
Colour of Hair	<b>CHESTNUT</b>
Colour of Eyes	<b>BROWN</b>
Boilersuit Size	<b>2XL</b>
Shoes Size	<b>45</b>

### 9. Medical History

	Yes	No
Have you ever signed off a ship due to medical reasons?		+
Did you undergo any medical operation in the past?		+
Have you consulted a doctor during the last 12 months for an illness/accident?		+
Do you have any health or disability problems now?		+

If yes, please give full details:

	Passed:	Valid till:
International Medical Examination	25.04.2025	25.04.2027
Vaccination Against Yellow Fiver		
Vaccination Against Diphtheria		

### 10. References (please give name and address of your current or past employer)

### Office remarks

Name of Company		
Name of person to contact		
Address		
Phone		
Name of Company		
Name of person to contact		

Address		
Phone		

#### 11. Bank address for allotments

Beneficiary	
Account No.	
Name of Bank	
Bank Address	

#### 12. Knowledge and experience

	Yes	No
OCIMF vetting experience:		
ISGOT knowledge:		

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

Place	Date	Signature
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#### 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
m/v TEMEL REIS	PANAMA	CARGO VESSEL	2100			TEMEL REIS SHIPPING COMPANY	SEAMAN	08.07.2022	05.05.2023
M/V TIBER RIVER	PANAMA	CARGO VESSEL	7000			GN GROUP	SEAMAN	19.07.2023	19.01.2024
M/V TEMEL REIS	PANAMA	CARGO VESSEL	2100			TEMEL REIS SHIPPING COMPANY	SEAMAN	26.03.2024	26.12.2024

**Total rank sea service:**

**Total type of vessel sea service:**

Rank	Years	Type of vessel	Years
		OIL TANKER	
		LPG	
		DRY CARGO	
		TANKER ICE	
		OIL /CHEMICAL TANKER	
		FERRY	
Total		Total:	