APPLICATION FORM



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Position Applied for:RATING FORMING PART	Date Available
OF AN ENGINE ROOM WATCH	

Date Available from: ANY TIME

1. PersonalData									
Family Name: Guliyev	First Name: Nurlan								
Date of Birth:10.08.1997	Place of Birth:Azerbaijan Tovuz city	Citizenship: Azerbaijani							
Permanent Address	s: Azerbaijan/Baku	Phone +994553069436 Whatshapp E-mail quliyeff.2004@gmail.com							

2. Maritime Education					
Name of school	Town	Country	From	To	Type of degree or diploma
Kaspian Education Center LLC	Baku	Azerbaijan	07.2024	02.2025	Oiler

3. FamilyDetails								
Civil Status (Single, Married, Separated, Divorced, Widowed): Single								
Next of Kin (the first emergency contact):	Relationship /Father							
Address of Residence:	+994557782188							
Azerbaijan/Baku								

4. IdentityDocuments										
Document	Country	Number	PlaceofIssue	IssueDate	ExpiryDate					
Seaman'sBook	Azerbaijan	DOK 31700	State Maritime Adminstratio	09.05.2025	09.05.2030					
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TravelPassport	Azerbaijan	C03120842	Ministry of Internal Affairs	17.09.2020	16.09.2030
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6. ValidVisa									
CountryorUnion	Type	ValidUntil							

7. Courses Attended and Certificates Obtained								
Document	Number		tes	Place				
RATING FORMING PART OF AN ENGINE ROO		Issue	Expiry					
M WATCH	0577/25	28.02.25	N/A	State Maritime Administration				
Ship Security-related familiarization security-awaren	Sİ-3955-24	11.10.2024	N/A	State Maritime Administration				
ess training Proficiency in Survivial Craft and Boats	SL-3628-24	21.10.2024	21.10.2029	State Maritime Administration				
Safety familiarization training	SL-3020-24	21.10.2024	21.10.2029	State Martine Administration				
Fire prevention and firefighting	SO-4059-24	21.10.2024	18.10.2029	State Maritime Administration				
Elementary fist aid	GD 4100 41							
ISM Code Basic Tranining in oil and cheminal tanker cargo ope	SP-3600-24	22.10.2024	22.10.2029	State Maritime Administration				
rations	SA-1182-24	29.10.2024	N/A	State Maritime Administration				
Training of seafarers with designated security duties	SH-3310-24	15.10.2024	N/A	State Maritime Administration				

8. PhysicalData								
Height	174 cm							
Weight	75							
ColourofHair	Black							
ColourofEyes	Brown							
BoilersuitSize	XL							
ShoesSize	42							
SHOUSE	<u> </u>							
9. MedicalHistory			Yes	No				
Have you ever signed off a ship due to me				X				
Did you undergo any medical operation in	the past?			X				
Have you consulted a doctor during the la	st 12 months for	an illness/accio	lent?	X				
Do you have any health or disability prob	lems now?			X				
If yes, please give full details:								
	p	Passed:	Va	lidtill:				
International Medical Examination		06.2024		6.2026				
Vaccination Against YellowFiver	21.	00.2021	21.0	21.00.2020				
Vaccination Against Tenowi iver								
vaccination Against Dipitheria								
	_L		I					
10. References (please give name and address of your	current or past employe	er) Of	ficeremarks					
NameofCompany								
Name of person to contact								
Address								
Phone								
NameofCompany								
Name of person to contact								
Address								
Phone								
44 D 1 33 0 0								
11. Bank address forallotments								
Beneficiary								
AccountNo.								
NameofBank								
BankAddress								
12 Knowledgeendermeriense			Voc	No				
12. Knowledgeandexperience			Yes	No				
OCIMF vetting experience:								
ISGOT knowledge:								
13. I hereby declare that the above, incl	luding Medical	History is true						
Place Page 3 of 5	ading medical	111101 9, 15 11 11						
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14. ForOfficeuseonly	

15. SeagoingExperience

Nameofvessel	Flag	Vessel'sT ype	DWT	EngType	НР	ManagerorOwner	Rank	From d/m/y	Tod/m/y	Total m/d
Omskiy 117	Camaros									
Total:										

Total rank sea service:

Total type of vessel sea service: