## **APPLICATION FORM**



Position Applied for RATING FORMING	
PART OF A NAVIGATIONAL WATCH	Date Available from:
ID -62HVG98	

1. Personal Data		
Family Name: XUDAROV	First Name : MUBARIZ	Middle Name: BILALOVICH
Date of Birth: 16.10.1997	Place of Birth: GUSAR DISTRICT, AZERBAIJAN	Citizenship AZERBAIJAN
Permanent Address;		Phone (Home): Phone (Business/
AZERBAIJAN, GUSAR	DISTRICT.	Mobile)+994705050328 Email: eyyubluzamik@gmail.com

2. Maritime Education							
Name of school	Town	Country	From	To	Type of degree or diploma		
KAINAT-M TM MMC	BAKU	AZERBAIJAN			MZ-000442		

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	Next of Kin (the first emergency contact)  Relationship							
Address of Reside	ence			Phone:				
	1	1		1	1			
	Daughter	Son						
Family Name								
First Name								
Date of Birth								
City of living								
Phone Numbers								

5 Identity Decomposite										
5. Identity D	5. Identity Documents									
Document	Country	Number	Place of Issue	Issue Date	Expiry Date					
Seaman's	Azerbaijan	DQK023470	State of maritime	29.04.2023	29.04.2028					
Book			administration							
Travel	Azerbaijan	C03891509	Ministry of	15.07.2022	14.07.2032					
Passport			internal affairs							
Civil	Azerbaijan		RPI							
Passport										

6. Valid Visa		
Country or Union	Type	Valid Until

7. Courses Attended and Certificates Obtained							
Document	Number		ates	Place			
		Issue	Expiry	1			
Certificate of Competency	RP12765	19.04.2023	19.04.2028	AZERBAIJAN			
ISM Code	SP-3853-22	29.12.2022	29.12.2027	AZERBAIJAN			
Oil Tanker Endorsement							
Chemical Tanker Endorsement							
Basic training for oil and chemical tanker cargo operations	0046/2023	07.06.2023	07.06.2028	UKRAINE			
Oil Tanker Familiarization Training							
Ship Security-related familiarization security awareness training	SI-3180-22	27.12.2022	27.12.2027	AZERBAIJAN			
Training of seafarers with designated security duties in compliance with ISPS Code	SH-2633-22	30.12.2022	30.12.2027	AZERBAIJAN			
Oil Tankers Specialized Training							
Chemical Tanker Specialized Training							
Gas Tanker Specialized Training							
Basic Trainings	SO-0026-23	11.01.2023	11.01.2028	AZERBAIJAN			
Proficiency in Survival Craft and Rescue Boats	SL-4261-22	26.12.2022	26.12.2027	AZERBAIJAN			
Advanced Fire Fighting							
Medical First Aid Training							
Medical First Aid Training and Medical Care							

8. Physical Data						
Height	181					
Weight	100	100				
Colour of Hair	CHESTNUT					
Colour of Eyes	BROWN					
Boilersuit Size	XL					
Shoes Size	42					
	1.2		1			
9. Medical History Have you ever signed off a ship due	to medical reasons?	Yes	No			
Did you undergo any medical operat			+			
Have you consulted a doctor during			T			
illness/accident?	the last 12 months for an		+			
Do you have any health or disability	problems now?		+			
If yes, please give full details:	proceeding no		<u> </u>			
	Passed:	Valid till:				
International Medical Examination						
Vaccination Against Yellow Fiver						
Vaccination Against Diphtheria						
10 D 6						
III. References (please give name and address	of your current or past employer) Office	remarks				
10. References (please give name and address	of your current or past employer) Office	remarks				
Name of Company	of your current or past employer) Office	remarks				
Name of Company Name of person to contact	of your current or past employer) Office	remarks				
Name of Company Name of person to contact Address	of your current or past employer) Office	remarks				
Name of Company Name of person to contact Address Phone	of your current or past employer) Office	remarks				
Name of Company Name of person to contact Address Phone Name of Company	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	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	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	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	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	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	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.	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	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	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	of your current or past employer)  Office		No			
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 OCIMF vetting experience:			No			
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			No			
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 OCIMF vetting experience:	Ye	es	No			
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 OCIMF vetting experience: ISGOT knowledge:	Ye	es	No			

## 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	Total m/d
m/v MAGOT HY	Liberia	DIVING VESSEL	17478			Arrow Star	OS	01.01.2023	10.04.2023	3 M 10 day
M/V GEERT	Barbados	GC	3700			Baden Shipmanage ment S.A	OS	07.06.2023	20.12.2023	6 M 13 D
Sormov skiy 121	Belize	GC	3353			Balkan Shipping and Trade	АВ	03.07.2024	12.11.2024	4 M 10D