

NOTE: (PLEASE USE CAPITAL OR UPPERCASE LETTERS TO COMPLETE THIS FORM)

1. Personal Data

First Name ELSHAN	Middle Name (s)	Last Name / Surname ABDUGADIROV	
Nationality / Citizenship AZERBAIJANI	Country of Origin AZERBAIJAN	Date of Birth: 24.06.1971	Place / City of Birth AZERBAIJAN/BAKU
Marital Status ¹ : Married	Gender : Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Religion: Islam	



¹Select from: ●Single ●Married ●Divorced

Rank applied for: 2nd Officer	Willing to accept lower rank? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Available From (date): anytime	
<u>Primary / Permanent Address:</u>		<u>Alternative / Temporary Address:</u>	
City: BAKU	Post Code: AZ1000	City:	Post Code:
State:	Country : Azerbaijan	State:	Country:
Nearest Airport : GYD	Home Tel.:	Phone:	
Mobile Tel.: +994557047218	Fax:	Email: ramil07777@gmail.com	
Contact Method : Email <input type="checkbox"/>	Fax <input type="checkbox"/>	Mobile Phone <input checked="" type="checkbox"/>	Home Phone <input type="checkbox"/> Post <input type="checkbox"/>
Eyes: brown	Hair: black	Height: 170 cm	Weight: 70 kg
Specify size as S, M, L, XL, XXL for: Boiler suit: m		Safety shoes: 41	

2. Personal ID / Documents / Visa

Type of Document / ID ¹	Number	Date of Issue (DD.MM.YYYY)	Date of Expiry (DD.MM.YYYY)	Country of Issue	Issuing Authority /Body
Seaman's Book (National)	DQK028615	22.06.2024	22.06.2029	AZERBAIJAN	Ministry of Digital Development and Transport of the Republic of Azerbaijan State Maritime and Port Agency
Seaman's Passport (National)	AZE033493	22.06.2024	22.06.2029	AZERBAIJAN	Ministry of Digital Development and Transport of the Republic of Azerbaijan State Maritime and Port Agency
Passport	C00802332	05.09.2016	05.09.2026	AZERBAIJAN	

Social Security/Personal ID No.	AZE17221325

Marlins	%
Seagull (CES 4.1)	%

3. Nominee / Next of Kin & Family Details

Full Name of Nominee for compensation in case of fatality: Nemat Abdugadirov	Relationship ¹ SON	Gender : Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Nationality: AZEBAIJANI
Address:			

¹ Select as applicable: ●Passport ●Seamans Book ●Seaman Passport ●Seafarers' Identity Document ●Registration Book ●National ID Card ●PAG-IBIG Housing Insurance ●Health Insurance ●Overseas Emp Cert ●PHL Card ●Pension Fund ●Provident Trust ●Professional Organisation ●Driving Licence ●Visa

City: BAKU	Post Code: AZ1000	Country: AZERBAIJAN
Email:	Tel: +994	Mobile: +994704228363

4. STCW-1978 (amended 1995) Compliant Certificates / Courses and Other Qualifications:

(Add separate sheet if data exceeds space available.)

Description of Certificate of Competency	Number	Date of Issue (DD.MM.YYYY)	Date of Expiry (DD.MM.YYYY)	Country of Issue
(A) Reg II / 1-4, III / 1-4 Officers Certificate of Competency & Ratings Watch-keeping Certificate (including flag state endorsements)				
OFFICER IN CHARGE OF A NAVIGATIONAL WATCH	000298/25	23.05.2025	23.05.2030	AZERBAIJAN
GMDSS GENERAL OPERATOR	RP15228 / DQ-0620-24	03.09.2024	03.09.2029	AZERBAIJAN
RATING FORMING PART OF A NAVIGATIONAL WATCH	XS-0544-24	19.11.2024	11.10.2029	AZERBAIJAN

4 Enter here **actual description** given in the Competency Certificate / Watch keeping Certificate held by you

(B) Reg V / 1 - Special Requirement for Tankers

Description	Level1: Mngmnt Level2: Operational Level3: Support	Number	Date of Issue (DD.MM.YYYY)	Date of Expiry (DD.MM.YYYY)	Country of Issue
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(C) GMDSS Certificates (including flag state endorsements)

GMDSS COC (National)	LEVEL 2	RP15228 / DQ-0620-24	03.09.2024	03.09.2029	AZERBAIJAN
GMDSS Endors (National)	LEVEL 2	RP15228 / DQ-0620-24	03.09.2024	03.09.2029	AZERBAIJAN

(D) Reg I

Personal Training Record Reg I/14					
Medical Fitness Certificate Reg I/9			28.04.2025	28.04.2026	AZERBAIJAN
Yellow Fever					
Chem Blood/Liver Test Certificate			28.04.2025	28.04.2026	AZERBAIJAN

(E) Certificates / Courses

Description of Cert / Course	STCW 95 Ref / IMO Model	Number	Date of Issue (DD.MM.YYYY)	Date of Expiry (DD.MM.YYYY)	Country of Issue
Radar Simulator / ARPA	1.07	SR-0171-24	20.09.2022	20.09.2029	AZERBAIJAN
Bridge Team and Resource Management	1.22	SW-0350-24	09.08.2024	09.08.2029	AZERBAIJAN
Electronic Charts Display & Info System (ECDIS)	1.27	SZ-0406-24	02.08.2024	02.08.2029	AZERBAIJAN
Usage of Automatic Identification System (AIS)					AZERBAIJAN
Safety Management		SP-1627-24	21.05.2024	17.05.2029	AZERBAIJAN
Personal Survival Techniques	1.13	SO-1681-24	10.05.2024	03.05.2029	AZERBAIJAN
Fire Prevention and Fire Fighting	1.19	SO-1681-24	10.05.2024	03.05.2029	AZERBAIJAN
Elementary First Aid	1.20	SO-1681-24	10.05.2024	03.05.2029	AZERBAIJAN
Personal Safety & Social Responsibility	1.21	SO-1681-24	10.05.2024	03.05.2029	AZERBAIJAN
Proficiency in Survival Craft and Rescue Boat	1.23	SL-1561-24	14.05.2024	10.05.2029	AZERBAIJAN
Training for seafarers	3.26	SH-1676-24	27.05.2024	NA	AZERBAIJAN
Leadership and Teamwork	1.39	DL-0511-24	19.08.2024	19.08.2029	AZERBAIJAN
Medical First Aid	1.14	SN-0817-24	27.08.2024	NA	AZERBAIJAN
ISPS Crew / Ship Security Awareness	3.27	SI-2123-24	15.05.2024	NA	AZERBAIJAN

5. Sea Experience: (Start the listing below with the most previous experience)

Company	Vessel Name	Built	Flag ⁽¹⁾	Type ⁽²⁾	DWT	GRT	Main Engine ⁽²⁾	BHP / KWT	Rank	Date From DD.MM.YYYY	Date To DD.MM.YYYY
CASPIAN SHIPPING	UZEIR HAJIBEY	1991	AZE	GCD	6005	4949			2 nd -officer	18.09.1991	01.11.1995
SOCAR	SHIRVAN 3	2008	AZE	GCD	32268.97	20236			AB	02.04.1996	02.08.1996

6. Medical History:

All previous illnesses other than minor afflictions should be stated below or updated. If not previously disclosed, the Company is entitled to refuse any reimbursement of medical costs, claim for treatment or for any other insured benefits.

(A) Have you ever signed off a ship due to medical reasons? ☐ Yes ☒ No

Blood Type:
e.g. I gr.,(+)

If yes, please provide following details (If space is insufficient, attach additional sheets):

Name of vessel	Date of occurrence	Place of occurrence
Brief description of illness/injury/accident:		

(B) Have you undergone any operation in the past? ☐ Yes ☒ No

If yes, please provide following details:

Details of operation	Date	Period of disability	Present condition

(C) For what illnesses or accidents have you consulted a doctor during the last 12 months?

Details of illness / accident	Date	Therapy/Treatment

(D) Please give details of any health or disability problem

Details:	

7. Bank Details:

Bank Name: ZIRAAT BANK	M.N.O.P.F.
Address:	Membership No.:
	National Ins.No.:
Account Name: KHUDAT ELSHAN ABDUGADIROV	A.V.C.
Account No.: AZ70TCZB41020840017046800106	
SWIFT Code: TCZBAZ22	

8. General

(A) Have you ever been denied a foreign visa? ☐ Yes, ☒ No

If yes, state which country and reason (if known)

(B) Have you been the subject of a court of enquiry or involved in a maritime accident? ☐ Yes, ☒ No

If yes, please attach details

(C) Give details below of two recent employers who we may contact for references:

	Reference 1	Reference 2
Name of Company		
Name of person to contact		
Address		
Country		
Telephone		

I hereby declare that the above, including Medical History, is true. I further consent to the holding and processing by you and any of your direct or indirect parent or subsidiary or associated or affiliated companies any personal data about me (including where appropriate data concerning racial or ethnic origin, religious beliefs, membership of a trade union, physical or mental health or condition, commission or alleged commission of an offence and the proceedings and the outcome of any proceedings relating thereto) for all purposes related to my application for employment on board vessels managed by Omega Management. I understand that this data will be stored in your databases in relation to my actual or potential employment by Omega Navigation. Further, I confirm that the above may involve the transfer of my personal data within Omega Navigation or to third parties worldwide.

Place:

Date:

Signature: