## **APPLICATION FORM**

1. Personal	Data								
Family Name: First N			Name:		Middle Name:				
JALILOV		EHTIGA	M						
Date of Birt 01.03.1972	of Birth : BAIJAN		Citizenship: AZERBAIJAN						
Permanent Address; AZERBAIJAN, BAKI CITY.					Phone (Home): Phone (Business/+34687759152/WhatsApp Mobile) +994505500372 E-mail: ehtiqam0372@gmail.com				
2. Maritime	Education								
Name of		Town	Cou	ntry	From	То	Type of de	gree or diploma	
BAKU MARINI	AKADEMI	BAKU	AZERB						
3. Profession	nal Test		L		<u> </u>				
English Test Da			Name of	Test		Score	2		
Professional Te	est Date		Name of Test			Score	Score		
Professional In	terview Date		Result						
4. Family Do									
Civil Status(Single			idowed):			Relationship:			
Next of Kin (the f		itact)				Phone:			
11441655 51 11651461						Thome .			
	Daughter	Daughter							
Family Name									
First Name									
Date of Birth									
City of living									
Phone Numbers									
5. Identity Documents									
Document	Country				ace of Issue		Issue Date	Expiry Date	
Seaman's Book	Azerbaija	n DQK	026857	State of maritim administration		ne	21.02.2024	21.02.2029	
Travel Passport	Azerbaija	n C03355	5517	Ministry of internal affairs		ernal	07.03.2024	06.03.2034	

6. Valid Visa			
Country or Union	Type	Valid Until	•

<b>T</b>		Г	ates	Place
Document	Number	Issue		
Certificate of Competency	RP11370	31.05.2022		AZERBAIJAN
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	SO-0261-21	23.02.2021	23.02.2026	AZERBAIJAN
Proficiency in Survival Craft and Rescue Boats	SL-0194-21	22.02.2021	19.02.2026	AZERBAIJAN
Advanced Fire Fighting				
Medical First Aid Training	SN-1418-22	27.10.2022	05.10.2027	AZERBAIJAN
Medical First Aid Training and Medical Care				
Safe Operation and Maintenance of High Woltage System 1000 Volts or More	DM-0029-24	16.02.2024	16.02.2029	AZERBAIJAN
GMDSS Endorsement				
Radar Observation & Plotting				
Automatic Radar Plotting Aids Simulator (ARPA)				
Bridge Team Management				
Shiphandling & Maneuvering				
Ship Security Officer Training Course	SI-0082-21	17.02.2021	04.02.2026	AZERBAIJAN
Maltese Endorsement of SSO				
ISM Code	SP-0162-21	17.02.2021	17.02.2026	AZERBAIJAN
Safety Officer				
ECDISTraining Course				
Risk Assessment Course				
Leadership and Teamwork	DL-0124-24	23.02.2024	23.02.2029	AZERBAIJAN
Training in Advanced Fire-Fighting	SJ-0106-21	15.02.2021	15.02.2026	AZERBAIJAN
Vapour Recovery System				
Unmanned Machinery Space				
FRAMO Familiarization Course				
Cargo Ballast Operations on Oil/Chemical Tankers				
Hazardous Materials				
Engine Resource Management	ER-0068-21	09.02.2021	08.02.2026	AZERBAIJAN

Turner					
Risk Management And Incident					
Investigation					
Training of seafarers with designated	CH 00/0 21	42.02.2026	05.02.2026	AZEDD	. ***
security duties in compliance with ISPS Code	SH-0069-21	12.02.2026	05.02.2026	AZERB	AIJAN
Code			<u> </u>		
8. Physical Data					
Height	172				
Weight	70				
Colour of Hair	BROWN				
Colour of Eyes	BROWN				
Boilersuit Size	XL				
Shoes Size	42				
9. Medical History				Yes	No
Have you ever signed off a ship du	e to medical re	asons?		105	+
Did you undergo any medical opera					+
Have you consulted a doctor during					'
illness/accident?	g the last 12 me	ontins for an			+
Do you have any health or disabilit	zy problema nev	x <sub>1</sub> 9			+
If yes, please give full details:	y problems no	w:			
if yes, please give full details.					
	Passed:		Valid	till:	
International Medical Examination			Valid	till:	
International Medical Examination Vaccination Against Vellow Fiver			Valid	till:	
Vaccination Against Yellow Fiver			Valid	till:	
			Valid	till:	
Vaccination Against Yellow Fiver			Valid	till:	
Vaccination Against Yellow Fiver		past employer)	Valid Office rem		
Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and address)		oast employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and address Name of Company		oast employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and address Name of Company Name of person to contact		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and address)  Name of Company Name of person to contact Address		oast employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and addres Name of Company Name of person to contact Address Phone		oast employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and address Phone  Name of Company  Name of person to contact  Address  Phone  Name of Company		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and addres Name of Company Name of person to contact Address Phone Name of Company Name of Company Name of person to contact		east employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and addres Name of Company Name of person to contact Address Phone Name of Company Name of Company Name of person to contact Address		oast employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and addres Name of Company Name of person to contact Address Phone Name of Company Name of Company Name of person to contact		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and addres Name of Company Name of person to contact Address Phone Name of Company Name of Company Name of person to contact Address		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and addres Name of Company Name of person to contact Address Phone Name of Company Name of Company Name of person to contact Address Phone		past employer)			
Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and addres 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		past employer)			

Bank Address	

## 2009-2023 SUUDİ ARABİA 'ZAMİL OFFSHOR' ŞİRKETİNDE 3000-5000KW MAKİNELERDE CHEEF ENGINEER.

Name of vessel	Flag	Vessel's Type	DWT	Eng Type	НР	Manager or Owner	Rank	From d/m/y	To d/m/y	Total m/d
VİLLA	MALTA	KURU YÜK GEMISI	19000			VİLLA SHIPPING	2 <sup>ND</sup> ENGINEER	1996	1997	
SAPANCA	TÜRKİYE	KURU YÜK	18000			SOHTORİK	2ND ENGINEER	1998	1998	
EBER	TÜRKİYE	KURU YÜK	17000			SOHTORÍK	2ND ENGİNEER	1998	1999	
TOLGAM	TÜRKİYE	KURU YÜK	19000			TOLGAM	2ND ENGİNEER	1999	2000	
TOLGAM	TÜRKİYE	KURU YÜK	19000			TOLGAM	FİRST ENGİNEER	2000	2001	
BERKANT B	MALTA	KURU YÜK	7000			BİLGİLİ BİRADERLER	FİRST ENGİNEER	2002	2002	
DİLAY	MALTA	KURU YÜK	9000			DİLAY	FİRST ENGİNEER	2003	2003	
AVİOR	MALTA	KURU YÜK	4000				CHEEF ENGINEER	2004	2004	
MİRA	MALTA	KURU YÜK	32000			TOLGAM DENİZCİLİK	FİRST ENGİNEER	2005	2005	
CAPİTAL SKY	MALTA	KURU YÜK	24000			EMİR DENİZCİLİK	CHEEF ENGİNEER	2005	2006	
CAPİTAL VEGA	MALTA	KURU YÜK	6000			EMİR DENİZCİLİK	CHEEF ENGINEER	2006	2007	
AYŞE AKSOY	MALTA	KURU YÜK	51000			AKMAR DENİZCİLİK	CHEEF ENGINEER	2007	2008	
GAZIBEY	PANAMA	KURU YÜK	17504			UNITED Marine Engineering.05324053462/ 05395684922	CHEEF ENGINEER	29,06,2024	16,11,2024	