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APPLICATION FORM

Personal ID Number								

Position Applied for A/B					Date Available from:
1. Personal Data					
Family Name: HUSEYNOV		First Name: KAMRAN		Middle Name: YASAR	
Date of Birth: 05.04.2004		Place of Birth (City and Country): AZERBAIJAN. MASALLI		Citizenship: AZERBAIJAN.	
Permanent Address AZERBAIJAN. MASALLI. BEDELAN VILLAGE				Phone (Home): +994103962499 Phone (Business/obile)	
2. Maritime Education					
Name of school	Country	Town	From	To	Type of degree or diploma
CASPIAN EDUCATION CENTER MMC	AZERBAIJAN	BAKU	10.01.24	28.06.24	A/B
SEAMAN RECORD BOOK	AZERBAIJAN	BAKU	09.08.24	09.08.29	DQK029301
SEAFERS IDENTITY DOCUMENT	AZERBAIJAN	BAKU	09.08.24	09.08.29	AZE034180
MEDICAL CERTIFICATE	AZERBAIJAN	BAKU	08.01.24	08.01.26	
Raiting Forming part of a Navigational Watch	AZERBAIJAN	BAKU	30.07.24		ID NO: RP15607 Certificate NO: 1587/24
Ship Security-related familiarization security - awareness training	AZERBAIJAN	BAKU	10.05.24		NO: S1-1933-24
Internatioanl Safety Management Code	AZERBAIJAN	BAKU	26.04.24	26.04.29	NO: SP-1273-24
Proficiency in survival craft and boats other than fast rescue boats	AZERBAIJAN	BAKU	23.05.24	20.05.29	NO: SL-1644-24
Basic safety training	AZERBAIJAN	BAKU	17.05.24	17.05.29	NO: SO-1868-24
Trainig for seafarers with designated security duties	AZERBAIJAN	BAKU	30.05.24		NO: SH-1715-24
Basic training and qualifications on oil and chemical tanker cargo operations	AZERBAIJAN	BAKU	05.08.24		NO: SA-0746-24
3. Professional Test					
English Test Date		Name of Test		Score	
Professional Test Date		Name of Test		Score	
Professional Interview Date. NO		Result.			

4. Family Details					
Civil Status(Single, Married, Separated, Divorced, Widowed) : SINGLE					
Next of Kin (the first emergency contact) NO				Relationship .FATHER	
Address of Residence Azerbaijan BAKU				Phone : +994103962499	
	Daughter	Son		Daughter	Son
Family Name					
First Name					
Date of Birth					
City of living					
Phone Numbers					

8. Physical Data		
Height	178	
Weight	55	
Colour of Hair	BLACK	
Colour of Eyes	BROWN	
Boilersuit Size	L	
Shoes Size	42	
9. Medical History	Yes	No
Have you ever signed off a ship due to medical reasons?		NO
Did you undergo any medical operation in the past?		NO
Have you consulted a doctor during the last 12 months for an illness/accident?		NO
Do you have any health or disability problems now?		NO

If yes, please give full details:

	Passed:	Valid till:	
International Medical Examination			
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	
OCIMF vetting experience:	X		
ISGOT knowledge:	X		

13. I hereby declare that the above, including Medical History, is true		
Place BAKU	Date 08.01.2024/ 08.01.2026	Signature
14. For Office use only		

[illegible]

15. Seagoing Experience

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:	

