APPLICATION FORM



				6	Y	2	V	Y	D	7
Personal ID Number										

Position Applied for: Electrician (III/6) Da	te Available from: ANY TIME
--	-----------------------------

1. PersonalData		
Family Name: Yusifov	First Name: Nicat	Middle Name: Ramil
Date of Birth: 25.01.2003	Place of Birth:Azerbaijan/ Shaki	Citizenship: Azerbaijani
		Phone (Home): 070 831 95 92
Permanent Address:	: Azerbaijan/ Shaki	Whatshapp +99470 831 95 92
		E-mail: nicat.ny98@gmail.com

2. MaritimeEducation					
Nameofschool	Town	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Baku	Azerbaijan	2020	2024	Bachelor

3. ProfessionalTest							
EnglishTest Date	Nameof Test	Score					
Professional TestDate	Nameof Test	Score					
Professional Interview Date		Result					

4. FamilyDetails	
Civil Status (Single, Married, Separated, Divorced, Widowed): Single,	gle
Next of Kin (the first emergency contact):	Relationship /Father
Address of Residence:	(055) 329 22 16
Azerbaijan/Celilabad	

5. IdentityDocuments									
Document	Country	Number	PlaceofIssue	IssueDate	ExpiryDate				
Seaman'sBook	Azerbaijan	DQK 019219	State Maritime Adminstration	27.01.2022	27.01.2027				
TravelPassport	Azerbaijan	C03884729	Ministry of Internal Affairs	20.01.2024	19.01.2034				

6. ValidVisa		
CountryorUnion	Type	ValidUntil

Document CertificateofCompetency	Number	Dat	20		
		Dates		Place	
CertificateofCompetency		Issue	Expiry	Tiacc	
or arreated competency	RP-14330	22.01.2024	22.01.2034	State Maritime Administration	
MalteseEndorsementof COC					
DilTankerEndorsement					
ChemicalTankerEndorsement					
GasTankerEndorsement					
DilTankerFamiliarizationTraining					
ChemicalTankerFamiliarizationTraining					
GasTankerFamiliarizationTraining					
DilTankersSpecializedTraining					
ChemicalTankerSpecializedTraining					
GasTankerSpecializedTraining GasTankerSpecializedTraining					
BasicTrainings	SO-0433-22	10.02.2022	10.06.2026	State Maritime Administration	
Proficiency in Survival Craft and Rescue Boats	SL-1140-25	08.08.2025	08.08.2030	State Maritime Administration	
AdvancedFireFighting					
MedicalFirstAidTraining					
Medical First Aid Training and Medical Care					
GMDSS					
GMDSS Endorsement					
RadarObservation&Plotting					
Automatic Radar Plotting Aids Simulator (ARPA)					
BridgeTeamManagement					
Shiphandling&Maneuvering					
Ship Security-related familiarization security-awarene	GT 0000 00	10.00.000	10.06.006		
s training	SI-0208-22	10.02.2022	10.06.2026	State Maritime Administration	
MalteseEndorsementof SSO					
SM Code	SP-0262-22	09.02.2022	14.06.2026	State Maritime Administration	
SafetyOfficer					
ECDISTrainingCourse					
RiskAssessmentCourse					
C.O.W./ I.G.S					
FirePracticeonTankers					
VapourRecoverySystem					
JnmannedMachinerySpace					
FRAMO FamiliarizationCourse					
Cargo Ballast Operations on Oil/Chemical Tankers					
Hazardous Materials					
Welder					
Turner					
Risk Management And Incident Investigation					
Fraining of seafarers with designated security duties					
Dangerous hazardous and harmfull cargoes	SH-1088-25	01.08.2025		State Maritime Administration	
BasicTraining and qualifications on oil and chemical					
anker cargo operations					
Crowd management training					

8. PhysicalData							
Height	165 sm						
Weight	65 kg						
ColourofHair	Black						
ColourofEyes	Braun						
BoilersuitSize	XL						
ShoesSize	43						
9. MedicalHistory		Yes	No				
Have you ever signed off a ship due to med	lical reasons?	1 65	110				
Did you undergo any medical operation in							
Have you consulted a doctor during the las							
Do you have any health or disability proble							
If yes, please give full details:							
	Passed:	Va	ılidtill:				
International Medical Examination	22.07.2025	22.0	07.2027				
Vaccination Against YellowFiver							
Vaccination Against Diphtheria							
10 Defenences (also sin name and address	formation and analysis Officer	omonka					
10. References (please give name and address o	f your current or past employer) Officer	emarks					
	f your current or past employer) Officer	emarks					
NameofCompany	f your current or past employer) Officer	emarks					
	f your current or past employer) Officer	emarks					
Name of person to contact	f your current or past employer) Officer	emarks					
Name of person to contact Address Phone	f your current or past employer) Officer	emarks					
Name of person to contact Address	f your current or past employer) Officer	emarks					
NameofCompany Name of person to contact Address Phone NameofCompany Name of person to contact	f your current or past employer) Officer	emarks					
Name of person to contact Address Phone Name of person to contact Address Address Name of Company Name of person to contact Address	f your current or past employer) Officer	emarks					
NameofCompany Name of person to contact Address Phone NameofCompany Name of person to contact	f your current or past employer) Officer	emarks					
Name of person to contact Address Phone Name of person to contact Name of Company Name of person to contact Address Phone	f your current or past employer) Officer	emarks					
Name of person to contact Address Phone Name of person to contact Name of Company Name of person to contact Address Phone 11. Bank address for allotments	f your current or past employer) Officer	emarks					
Name of person to contact Address Phone Name of person to contact Name of Company Name of person to contact Address Phone 11. Bank address for allotments Beneficiary	f your current or past employer) Officer	emarks					
Name of person to contact Address Phone Name of person to contact Name of Company Name of person to contact Address Phone 11. Bank address forallotments Beneficiary AccountNo.	f your current or past employer) Officer	emarks					
NameofCompany Name of person to contact Address Phone NameofCompany Name of person to contact Address Phone 11. Bank address forallotments Beneficiary AccountNo. NameofBank	f your current or past employer) Officer	emarks					
Name of person to contact Address Phone Name of person to contact Name of Company Name of person to contact Address Phone 11. Bank address forallotments Beneficiary AccountNo.	f your current or past employer) Officer	emarks					
NameofCompany Name of person to contact Address Phone NameofCompany Name of person to contact Address Phone 11. Bank address forallotments Beneficiary AccountNo. NameofBank		emarks	No				
Name of person to contact Address Phone NameofCompany Name of person to contact Address Phone 11. Bank address forallotments Beneficiary AccountNo. NameofBank BankAddress 12. Knowledgeandexperience OCIMF vetting experience:			No				
Name of person to contact Address Phone Name of person to contact Address Phone Name of person to contact Address Phone 11. Bank address forallotments Beneficiary AccountNo. NameofBank BankAddress 12. Knowledgeandexperience			No				
Name of person to contact Address Phone NameofCompany Name of person to contact Address Phone 11. Bank address forallotments Beneficiary AccountNo. NameofBank BankAddress 12. Knowledgeandexperience OCIMF vetting experience:	Y		No				

14. For Officeuse only

15. SeagoingExperience

Nameofvessel	Flag	Vessel'sType	DWT	EngType	HP	Manageror Owner	Rank	From d/m/y	Tod/m/y	Total m/d
Azerbaijan	Azerbaijan	Passenger ship	3950	Diesel		Azerbaijan Caspian Shipping Closed Joint-Stock Company	practitioner	18.06.2020	28.09.2020	3 m, 10 d.
Dağıstan	Azerbaijan	Passenger ship	3950	Diesel		Azerbaijan Caspian Shipping Closed Joint-Stock Company	practitioner	01.06.2021	28.09.2021	3 m, 28 d.
Dada Gorgud	Azerbaijan	Oil tanker	3950	Diesel		Azerbaijan Caspian Shipping Closed Joint-Stock Company	electrician	18.06.2022	28.09.2022	3 m, 10 d.
Şirvan	Azerbaijan	Passenger ship	3950	Diesel		Azerbaijan Caspian Shipping Closed Joint-Stock Company	electrician	02.02.2023	22.06.2023	4 m, 20 d
Total										1 y, 2 m. 8 d.

Total rank sea service:

Total type of vessel sea service:

Rank	Years	Typeofvessel	Years
Electrican		OIL TANKER	
		LPG	
		DRY CARGO	
		TANKER ICE	
		OIL /CHEMICAL TANKER	
		FERRY	
Total		Total:	