



## APPLICATION FORM

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<b>Position</b>		<b>identity card PIN Number 7KPE9C6</b>
<b>Position Applied for:</b>	Officer in charge of an engineering watch	
<b>Date Available from:</b>	-	

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: ALI</b>	<b>Last Name: ALILI</b>	
Date of Birth: 06.07.2002	Place of Birth (City and Country): Azerbaijan, MASALLI	
Email: alialili.0559974293@gmail.com	Mobile Number: (+994) 77 746 33 03	
Permanent Address: Aziz Nazarov street, Sabail district, Baku, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) 70 687 92 06 Father</b>		

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<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
Javid	Alakbarov	Male	Father	+99450 687 92 06

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<b>Maritime Education</b>				
<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
Azerbaijan State Marine Academy	Azerbaijan	2019	2023	Bachelor

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<b>Physical Data</b>	
Height	<b>180</b>
Weight	80
Boilersuit Size	XL
Shoes Size	44
Blood group	A(II)RH+
Additional Physical Information: {You can write any other information you want to add about your physique in this field.}	

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<b>Seaman's Book &amp; Identify Docs</b>
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DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 032277		19.08.2025	Azerbaijan		19.08.2030
Certificate of Competency	Azerbaijan	0008547		07.10.2025	Azerbaijan		07.10.2030
Republic of Azerbaijan	Azerbaijan	C03115687		21.01.2023	Azerbaijan		20.01.2033
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-	Expiry Date: -	
Do you hold a US Visa 'B1/B2'?		YES/NO	NO	Issue Date:	-	Expiry Date:-	
Have you been rejected for any visa applied for?				YES/NO	NO		
If YES, please state the country and reasons				-			

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## Professional Test

Professional Test Date	Name of Test	Score
-	-	-

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## License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

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## STCW Certificates &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-1481-21	SMPA	09.07.2021	31.05.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1481-21	SMPA	09.07.2021	31.05.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-1481-21	SMPA	09.07.2021	31.05.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1481-21	SMPA	09.07.2021	31.05.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1481-21	SMPA	09.07.2021	31.05.2026
International Safety Management	Azerbaijan	SP-1054-21	SMPA	30.06.2021	02.06.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3816-24	SMPA	06.11.2024	05.11.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0687-21	SMPA	29.06.2021	04.06.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3599-24	SMPA	15.11.2024	Unlimited
1000 Voltage	Azerbaijan	DM-0772-25	SMPA	03.09.2025	03.09.2030
Eugenie-room resource management	Azerbaijan	ER-0224-25	SMPA	11.08.2025	11.08.2030
Leadership & Teamwork	Azerbaijan	DL-0324-25	SMPA	06.08.2025	06.08.2030
Advanced Training in Fire Fighting	Azerbaijan	SJ-0487-25	SMPA	04.08.2025	04.08.2030

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(Please give a full record starting with the last vessel on which you served)

[illegible]

<b>11</b>	<b>For Engineers (Please provide details)</b>	
Generators	-	
Purifiers and Boilers	-	
Type of Cranes / No of Reefer Containers	-	

<b>12</b>	<b>Other Experience</b>
Azerbaijan Language: Native Turkish Language : Good English Language : Good	

<b>12</b>	<b>Travel Documents</b>			
	<b>Name</b>	<b>YES/NO</b>	<b>Country</b>	<b>Date pf Expire</b>
	Schengen	YES/NO	NO	-
	US	YES/NO	NO	-
	China	YES/NO	NO	-
	Australia	YES/NO	NO	-

<b>13</b>	<b>Insurance ,Health Related Documentation</b>		
	Medical Certificate (Fit for Duty)	YES/NO	YES
	<b>Vaccination</b>		
	Yellow Fever	YES/NO	YES
	COVID-19	YES/NO	YES

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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<b>14</b>	<b>Medical history</b>		
	Have you ever signed off a ship due to medical reasons?	YES/NO	NO
	Have you undergone any operation in the past?	YES/NO	NO
	Have you consulted a doctor during the last 12 months for an illness/accident?	YES/NO	NO
	Do you have any health or disability problems now?	YES/NO	NO
	Do you take any medications regularly?	YES/NO	NO

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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<b>15</b>	<b>General</b>		
	Have you ever been the subject of a court of enquiry or involved in a maritime accident?	YES/NO	NO
	Have you ever had a professional license suspended or revoked?	YES/NO	NO

