



APPLICATION FORM

1	Personal Information	Gender: Male
First Name: Mutellim		Last Name: İsgenderov
Date of Birth: 16.05.2002		Place of Birth (City and Country): Azerbaijan, Siazan
Email: isgenderov.mutellim@gmail.com		Mobile Number: (+994) 77 388 09 19
Permanent Address: Siazan city Babek street 78		Expected Salary Per Month: -
Nationality: Azerbaijan		Alternative rank applying for: - 3 rd engineer
Person to call in emergency: (+994) 55 659 09 19 (Father)		

2	Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact	
Gunduz	İsgenderov	Male	Father	+99455 659 09 19	

3	Maritime Education				
Name of school	Country	From	To	Type of degree or diploma	
Azerbaijan State Marine Academy	Azerbaijan	2019	2023	Bachelor	

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Physical Data

Height	180
Weight	80
Boilersuit Size	XL
Shoes Size	42
Blood group	A(I)RH+

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Seaman`s Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 030376	15.11.2024	Azerbaijan	15.11.2029
Certificate of Competency	Azerbaijan	RP12372	04.12.2024	Azerbaijan	-
Officer in charge of an engineering watch	Azerbaijan	000479/25	04.11.2025	Azerbaijan	04.11.2030
Republic of Azerbaijan	Azerbaijan	C05070662	03.09.2021	Azerbaijan	02.09.2034
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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STCW Certificates & Trainings

Courses	Certificate No.	Date Issued	Date Of Expiry	Issued Country
Certificate of Competency	RP12372	02.02.2023	-----	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-1493-21	09.07.2021	31.05.2026	AZERBAIJAN
Proficiency in Survival Craft and Rescue Boats	SL-2637-24	12.08.2024	12.08.2029	AZERBAIJAN
Advanced Fire Fighting				
Medical First Aid Training	SN-0444-25	15.08.25	Unlimited	AZERBAIJAN
Medical First Aid Training and Medical Care				
GMDSS				
GMDSS Endorsement				
Automatic Radar Plotting Aids Simulator (ARPA)				
Bridge Team Management				
Shiphandling & Maneuvering				
Ship Security related familiarization securityawareness training	SI-0688-21	29.06.2021	04.06.2026	AZERBAIJAN
Maltese Endorsement of SSO				
ISM Code	SP-1066-21	30.06.2021	02.06.2026	AZERBAIJAN
Safety Officer				
ECDIS Training Course				
Risk Assessment Course				
C.O.W./ I.G.S				
Fire Practice on Tankers				
Vapour Recovery System				
Engine resource management	ER-0228-25	11.08.2025	11.08.2030	AZERBAIJAN
Leadership and Teamwork	DL-0323-25	06.08.2025	06.08.2030	AZERBAIJAN
Unmanned Machinery Space				
FRAMO Familiarization Course				
Cargo Ballast Operations on Oil/Chemical Tankers				
Hazardous Materials				
Welder				
Turner				
Risk Management And Incident Investigation				
Training of seafarers with designated security duties in compliance with ISPS Code	SH-2492-24	09.08.2024		AZERBAIJAN
Traning in advanced fire-fighting	SJ-0626-25	26.09.25	26.09.2030	AZERBAIJAN
Panama Endorsement	510156466	14.01.2025	23.12.2029	MARINE MERCACANTE DE PANAMA

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

[illegible]

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Other Experience

Azerbaijan Language: Native
 Turkish Language : Good
 English Language : Good

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Travel Documents

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	NO	-
US	YES/NO	NO	-
China	YES/NO	NO	-
Australia	YES/NO	NO	-

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Insurance ,Health Related Documentation

Medical Certificate (Fit for Duty)	YES/NO	YES
Vaccination		
Yellow Fever	YES/NO	NO
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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Medical history

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