



## **APPLICATION FORM**

1	Position	identity card PIN Number 5PUWQXA
	Position Applied for:	Rating forming part of an engine-room watch
	Date Available from:	12.20.2023

First Name: Ilkin	Last Name: Babayev
Date of Birth: 11.12.1996	Place of Birth (City and Country): Azerbaijan, NEFTCHALA
Email:	Mobile Number: (+994) 55 508 48 49
Permanent Adress: Nefcala d, Bake v	Expected Salary Per Month: 900\$
Nationality: Azerbaijan	Alternative rank applying for: Rating forming part of an engine- room watch

3	Family Details: (If Unmarri	ed kindly give details of Fath	er / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Ramil	Meherremov	Male	Cousin	070 646 10 56

Maritime Education				
Name of school	Country	From	То	Type of degree or diploma
IST Service	Azerbaijan	01.2023	07.2023	Course

Physical Data	
Height	172
Weight	65
Boilersuit Size	M
Shoes Size	39
Blood group	O(I)RH+

Seamens Book & Ide	entify Docs				
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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Seaman Book	Azerbaijan	DQK 0253	356	10.10.2023	Azerbaijan		10.10.2028
Certificate of Competency	Azerbaijan	RP13646		26.09.2023	Azerbaijan		-
Respublic of Azerbaijan	Azerbaijan	C015404	47	16.01.2018	Azerbaijan		15.01.2028
Do you hold a US	/isa 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US	/isa 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry	Date:-
Have you been reje	ected for any visa a	pplied for?	•	YES/NO	NO	•	
If YES, please state	e the country and re	easons		-			

7 **Professional Test** 

Professional Test Date	Name of Test	Score
-	-	-

Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijjan	ASMA, BAKU	26.09.2023
Flag State Endorsements	-	-	-

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STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO- 1380-23	UAG	27.03.2023	15.03.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO- 1380-23	UAG	27.03.2023	15.03.2028
ELEMENTARY FIRST AID	Azerbaijan	SO- 1380-23	UAG	27.03.2023	15.03.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO- 1380-23	UAG	27.03.2023	15.03.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO- 1380-23	UAG	27.03.2023	15.03.2028
International Safety Managment	Azerbaijan	SP-3655-23	UAG	20.11.2023	13.11.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4099-23	UAG	20.11.2023	16.11.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0849-23	UAG	16.03.2023	16.03.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3167-23	UAG	06.12.2023	24.11.2028
Basic training and qualifications an oil and chemical tanker cargo operations	Azerbaijan	SA-1013-23	UAG	06.12.2023	06.12.2028

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## **Seagoing Experience**

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

COMPANY	Name of vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
						AAI						
					7/3							
			A									
							470					
							341					
			19				51 / d		N			
									Y			
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						/-//-/						

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Yacht Management **Technical Management** Ship Brokering Surveying & Monitoring New Building & Repair

Sale & Purchasing Ship Agency Exclusive Cargo Brokering **Bunker Supply** Technical Services

Address: AZ1075, Azerbaijan, Baku,Yusif Vazir Chemenzemenli 119c,Afen Plaza Business Center 5nd floor,apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

Type of Cranss / No of Reefer Containers  Travel Documents  Travel						
Other Experience  Travel Documents  Name YES/NO Schengen YES/NO NO Country Date of Expi Schengen YES/NO NO China NO China YES/NO NO China NO Chin	Purifiers and Boilers	-				
Travel Documents    YES/NO	Type of Cranes / No of Reefer Containers	-				
Travel Documents  Name YES/NO Country Date of Expi Schengen YES/NO NO US YES/NO NO US YES/NO NO US YES/NO NO Australia YES/NO NO Australia YES/NO NO  Insurance,Health Related Documentation  Medical Certificate (Fit for Duty) YES/NO YAccination  Yellow Fever YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO Answer is YES to any of the above, please give full details and attach a separate page if necessary)  Medical history  Have you ever signed off a ship due to medical reasons? YES/NO Have you undergone any operation in the past? YES/NO Do you have any health or disability problems now? YES/NO Do you take any medications regularly? YES/NO To you were been the subject of a court of enquiry or involved in a maritime accident? YES/NO YES/NO To you ever had a professional license suspended or revoked? YES/NO YES/NO	Other Experience					
Name						
Name  YES/NO Schengen YES/NO NO O- US YES/NO NO O- China YES/NO NO O- Australia YES/NO NO O- N						
Name  YES/NO Schengen YES/NO NO Schengen YES/NO NO Schengen YES/NO NO Schengen YES/NO NO Schengen NO Schengen YES/NO Vaccination Yellow Fever YES/NO YES/NO Schengen YES/NO YES/NO Schengen YES/NO Schengen YES/NO NO Schengen YES/NO YES/NO NO Schengen YES/NO NO Schengen YES/NO NO Schengen YES/NO Have you ever signed off a ship due to medical reasons? YES/NO Have you undergone any operation in the past? Have you consulted a doctor during the last 12 months for an illness/accident? YES/NO Do you have any health or disability problems now? YES/NO Do you take any medications regularly? (If the answer is YES to any of the above, please give full details and attach a separate page if necessary)  General Have you ever been the subject of a court of enquiry or involved in a maritime accident? YES/NO YES/NO YES/NO YES/NO	Travel Documents					
Schengen YES/NO NO - US YES/NO NO - China YES/NO NO - Australia YES/NO NO -  Medical Certificate (Fit for Duty)  Vaccination  Vaccination  Ves/NO YES/NO NO -  Insurance,Health Related Documentation  Vaccination  Vaccination  Vaccination  Vaccination  Ves/NO YES/NO YES/NO YES/NO YES/NO NO NO -  Insurance,Health Related Documentation  Vaccination  Vaccination  Ves/NO YES/NO YES/NO NO NO -  Wes/NO NO -  Insurance,Health Related Documentation  Vaccination  Vaccination  Vaccination  Ves/NO YES/NO YES/NO NO NO -  Insurance,Health Related Documentation  Vaccination  Vaccination  Ves/NO YES/NO NO NO -  Ves/NO NO NO -  Ves/NO YES/NO NO N		YE	S/NO	Country	Da	ate of Expire
US YES/NO NO - China YES/NO NO - Australia YES/NO NO -  Insurance,Health Related Documentation  Medical Certificate (Fit for Duty) YES/NO Vaccination  Yellow Fever YES/NO YES/NO YES/NO YES/NO OO O		'-				- -
Australia YES/NO NO -  Insurance,Health Related Documentation  Medical Certificate (Fit for Duty) YES/NO  Vaccination  Yellow Fever YES/NO YES/NO  a answer is YES to any of the above, please give full details and attach a separate page if necessary)  Medical history  Have you ever signed off a ship due to medical reasons? YES/NO Have you undergone any operation in the past? YES/NO Have you consulted a doctor during the last 12 months for an illness/accident? YES/NO Do you have any health or disability problems now? YES/NO Do you take any medications regularly? YES/NO  (If the answer is YES to any of the above, please give full details and attach a separate page if necessary)  General  Have you ever been the subject of a court of enquiry or involved in a maritime accident? YES/NO Have you ever had a professional license suspended or revoked? YES/NO	US					-
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Vaccination  Yellow Fever  Yellow Fever  Yes/NO  OVID-19  e answer is YES to any of the above, please give full details and attach a separate page if necessary)  Medical history  Have you ever signed off a ship due to medical reasons?  Have you undergone any operation in the past?  Have you consulted a doctor during the last 12 months for an illness/accident?  Yes/NO  Do you have any health or disability problems now?  Yes/NO  Do you take any medications regularly?  Yes/NO  (If the answer is YES to any of the above, please give full details and attach a separate page if necessary)  General  Have you ever been the subject of a court of enquiry or involved in a maritime accident?  YES/NO  Have you ever had a professional license suspended or revoked?  YES/NO	Insurance, Health Related Do	cumentation				
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Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

ame of company	1	2.
ame of person to contact	-	
Address	-	
■ No.	-	

☎ No.	-		
Declaration			
I hereby declare that	t the above particulars are to	rue and authorise you to co	ntact the referees listed above.
I have read it, I am I	familiar with it, I confirm with	n my signature.	
		Dat	te: 12.14.2023
Sign	nature		-

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