



## **APPLICATION FORM**

1	Position	identity card PIN Number 8G01LP5
	Position Applied for:	Rating forming part of an engine- room watch.
	Date Available from:	19.12.2023

First Name: RAVIL	Last Name: QURBANOV
Date of Birth: 15.07.2022	Place of Birth (City and Country): Russian Federation, SAMARA
Email: ravilqurbanov2@gmail.com	Mobile Number: (+994) 77 516 85 20
Permanent Adress: Suraxani d, Amircan,	Expected Salary Per Month:
Sattar Bahlulzada street	800-1000\$
Nationality: Azerbaijan	Alternative rank applying
	for:Raiting forming part of an
	engine-room watch

3	Family Details: (If Unmarri	ed kindly give details of Fa	ather / Mother)		
<u> </u>	First Name	Last Name	Gender	Relation	Contact
	Qezenfer	Qurbanov	Male	Father	070 322 05 00

Maritime Education				
Name of school	Country	From	То	Type of degree or diploma
Azerbaijan Maritime College	Azerbaijan	2021	2023	Sub-bachelor

Physical Data	
Height	170
Weight	60
Boilersuit Size	M
Shoes Size	41
Blood group	A(II)RH+
Additional Physical Information:{You can write any	other information you want to add about your physique in this field.}

**Seamens Book & Identify Docs** 

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DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF IS	SUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK0251	55	23.09.2023	Azerbaijan		23.09.2028
Certificate of Competency	Azerbaijan	RP13574		14.09.2023	Azerbaijan		-
Respublic of Azerbaijan	Azerbaijan	C0341652	20	12.12.2023	Azerbaijan		11.12.2033
Do you hold a US Vi	sa 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vi	sa 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry I	Date:-
Have you been reject	ted for any visa ap	oplied for?	•	YES/NO	NO		
If YES, please state	the country and re	asons		-			

7	Professional 1	Δet

Professional Test Date	Name of Test	Score
-	-	-

8 Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijjan	ASMA, BAKU	14.09.2023
Flag State Endorsements	<del></del>	-	-

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STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-0286-23	UAG	23.01.2023	19.01.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0286-23	UAG	23.01.2023	19.01.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-0286-23	UAG	23.01.2023	19.01.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0286-23	UAG	23.01.2023	19.01.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0286-23	UAG	23.01.2023	19.01.2028
International Safety Managment	Azerbaijan	SP-0216-23	UAG	24.01.2023	23.01.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3518-23	UAG	18.09.2023	06.09.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0241-23	UAG	24.01.2023	24.01.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2583-23	UAG	19.09.2023	12.09.2028

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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

## **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				5.1 / d		N			
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Generators	-					
Purifiers and Boilers	-					
Type of Cranes / No of Reefer Containers	-					
Other Experience						
-						
Travel Documents						
Name		YES/NO	Country		Date p	of Expire
Schengen		YES/NO	NO			-
US		YES/NO	NO			-
China		YES/NO	NO NO			-
Australia		YES/NO	INO			
Insurance,Health Related	Documentation					
Medical Certificate (Fit for I	Outy)				YES/NO	
		Vaccin	ation			
Yellow Fever		Vaccin	ation		YES/NO	
Yellow Fever COVID-19 e answer is YES to any of the	e above, please giv			if necess	YES/NO	
COVID-19	e above, please giv			if necess	YES/NO	
COVID-19	e above, please giv			if necess	YES/NO	
COVID-19 e answer is YES to any of the		e full details and a		if necess	YES/NO ary)	
COVID-19 e answer is YES to any of the  Medical history  Have you ever signed off a Have you undergone any o	ship due to medica	e full details and at	ttach a separate page	if necess	YES/NO	
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16	References (	(Please give the name and address of your current or immediate past employer)

Name of company	1	2.
Name of person to contact	-	
Address	-	
☎ No.	-	

## Declaration 17

I hereby declare that the above particulars are true and authorise you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with my signature.

19.12.2023 Date:

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