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## **APPLICATION FORM**

1	Position	identity card PIN Number 5JLRLAN	
	Position Applied for:	Rating forming part of a navigational watch	
	Date Available from:	15.02.2024	

Personal Information Gender: Male **First Name: GALIB** Last Name: MIRZAYEV Date of Birth: 14.01.1993 Place of Birth (City and Country): Azerbaijan, NEFTCHALA Email: qalibmirzeyev1122@gmail.com Mobile Number: (+994) 51 324 31 69 Permanent Adress: Neftchala district, **Expected Salary Per Month:** Banka village S. Vurgun street ,Home 86 1400\$ Nationality: Azerbaijan Alternative rank applying for: Fitter Person to call in emergency: (+994) 50 682 87 75 Father

Family Details: (If Unmarried kindly give details of Father / Mother)

First Name Last Name Gender Relation Contact

Shamil Mirzayev Male Father 050 682 87 75

 Name of school
 Country
 From
 To
 Type of degree or diploma

 Azerbaijan Maritime College
 Azerbaijan
 01.2010
 11.2010
 Sub-bachelor

Height

Height

To

Boilersuit Size

M

Shoes Size

Blood group

Additional Physical Information:{You can write any other information you want to add about your physique in this field.}

| Seaman's Book & Identify Docs | DATE OF ISSUE | PLACE OF ISSUE | DATE OF EXPIRY |

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

Seaman Book	Azerbaijan	DQK	019505	17.03.2022	Aze	erbaijan	17.03.2027
Certificate of Competency	Azerbaijan	RP	10944	22.02.2022	Aze	erbaijan	-
Republic of Azerbaijan	Azerbaijan	C01	581162	24.01.2017	Aze	erbaijan	23.01.2027
Do you hold a US Vis	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	a 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry	Date:-
Have you been reject	YES/NO	NO					
If YES, please state the	ne country and reas	sons		-			

**Professional Test** 

Professional Test Date	Name of Test	Score
-	-	-

8 Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA,BAKU	22.02.2022
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-0856-21	UAG	18.05.2021	08.05.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0856-21	UAG	18.05.2021	08.05.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0856-21	UAG	18.05.2021	08.05.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0856-21	UAG	18.05.2021	08.05.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0856-21	UAG	18.05.2021	08.05.2026
International Safety Management	Azerbaijan	SP-0652-21	UAG	16.05.2021	12.05.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0760-21	UAG	04.06.2021	20.05.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-0445-21	UAG	31.05.2021	25.05.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0411-21	UAG	27.05.2021	27.05.2026

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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

## **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
VI-ZA STAR.LTD	NIKO PIROSANI	St Kitts Nevis	General Cargo	3174	-	2426	-	11/4	04.04.202	08.11.202 3	7 month	End of Contract
MULTISERVI CE SHIPPING	PHRYGIA	Comoros	General Cargo	3332	(10)	2980	Ch	Boatswain	27.03.202	27.12.202	8 month	End of Contract
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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

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?  Do you have any health or disability problems now?  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)	Generators	-				
Travel Documents  Name YES/NO Country Date pf Expire Schengen YES/NO NO - US YES/NO NO N	Purifiers and Boilers	-				
Fitter  Travel Documents  Name		-				
Travel Documents  Name  YES/NO  NO  Country  Date pf Expire Schengen  YES/NO  NO  - US  YES/NO  NO  - China  YES/NO  NO  - Australia  YES/NO  NO  - Insurance, Health Related Documentation  Medical Certificate (Fit for Duty)  Yaccination  Yes/NO  Yes/NO  Yes/NO  Yes/NO  Yes/NO  NO  -  NO  YES/NO  Yes/NO  Yes/NO  Yes/NO  Yes/NO  NO  Yes/NO  Yes/NO  Yes/NO  NO  Yes/NO  Yes/NO  NO  Yes/NO  Yes/NO  Yes/NO  NO  Yes/NO  Yes/NO  NO  Yes/NO  Yes/NO  NO  Yes/NO  NO  Yes/NO  Yes/NO  NO  Yes/NO  Yes/NO  NO  NO  Tes/NO  NO  Tes/NO  Yes/NO	Other Experience					
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Name  YES/NO Schengen YES/NO NO Schengen YES/NO	Traval Documents					
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US YES/NO NO - China YES/NO NO - Australia YES/NO NO - Australia YES/NO NO - Australia YES/NO NO -  Insurance,Health Related Documentation  Medical Certificate (Fit for Duty)  Vaccination  Yellow Fever YES/NO YES				Ţ.	Date pre	-vhii 6
China YES/NO NO - Australia YES/NO NO -  Australia YES/NO NO -  Insurance, Health Related Documentation  Medical Certificate (Fit for Duty) YeS/NO YE	-				-	
Australia YES/NO NO -  Insurance,Health Related Documentation  Medical Certificate (Fit for Duty) YES/NO Y  Vaccination  Yellow Fever YES/NO YES/NO Y  COVID-19 YES/NO Y  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 N Have you undergone any operation in the past? YES/NO N Have you consulted a doctor during the last 12 months for an illness/accident? YES/NO N Do you have any health or disability problems now? YES/NO N Do you take any medications regularly? YES/NO N  (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 Documentation  Medical Certificate (Fit for Duty)  Vaccination  Yellow Fever  COVID-19  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 undergone any operation in the past?  Have you consulted a doctor during the last 12 months for an illness/accident?  Do you have any health or disability problems now?  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  NO  YES/NO  YES/NO  NO  YES/NO  YES/NO  PAS/NO  PA					-	
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16	References (Please give	the name and address of	our current or immediate past employer)
	Name of company	1 -	2.

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

17 Declaration		
	1/	Declaration

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.

Date:	26.01.2024

Signature

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