

2

5

6



APPLICATION FORM

1	Position	identity card PIN Number 65SWJ8F
	Position Applied for:	Rating forming Part of a Navigational Watch
	Date Available from:	-

First Name: ISBANDIYAR	Last Name: ASADOV
Date of Birth: 18.05.1996	Place of Birth (City and Country): Azerbaijan, GORANBOY
Email: isbendiyaresedov@gmail.com	Mobile Number: (+994) 77 303 24 23
Permanent Adress:Baku city, Nasimi	Expected Salary Per Month:
district	1300\$
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarried kindly give details of Father / Mother)							
	First Name	Last Name	Gender	Relation	Contact			
	Murad	Haydarli	Male	Brother-in-law	077 337 37 17			

Name of school	Country	From	То	Type of degree of diploma
Kainat Maritime MMC	Azerbaijan	12.2018	06.2019	Course

Height	168
	70
Weight	70
Boilersuit Size	M
Shoes Size	43
Blood group	B(III)RH+

Seaman's Book & Identify Docs						
DOCUMENT	COUNTRY	NUMBER	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

Seaman Book	Azerbaijan	DQK	013918	04.042019	Az	erbaijan	04.04.2024
Certificate of Competency	Azerbaijan	RP	09725	05.08.2019	Az	erbaijan	05.08.2024
Republic of Azerbaijan	Azerbaijan	C02	095598	21.09.2018	Az	erbaijan	20.09.2028
Republic of Panama	Panama	PA0	096804	22.09.2021	Pan	ama City	09.08.2026
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 rejecte	d for any visa app	olied for?		YES/NO	NO		
If YES, please state th	-						

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)	-	-	-
Flag State Endorsements	-	-	-

STCW Certificates & Trainings Training Date Of Courses **Issued Country** Certificate No. **Date Issued** Center **Expiry** SO-1829-19 UAG 14.07.2019 14.07.2024 PERSONAL SURVIVAL TECHNICS Azerbaijan FIRE PREVENTION & FIRE FIGHTING SO-1829-19 UAG 14.07.2019 14.07.2024 Azerbaijan **ELEMENTARY FIRST AID** Azerbaijan SO-1829-19 **UAG** 14.07.2019 14.07.2024 SO-1829-19 UAG 14.07.2019 14.07.2024 PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SAFETY FAMILIARIZATION TRAINING Azerbaijan SO-1829-19 UAG 14.07.2019 14.07.2024 SP-1079-19 **International Safety Management** Azerbaijan **UAG** 16.07.2019 16.07.2024 Proficiency in Survival Craft & Rescue SL-0892-19 UAG 14.07.2019 14.07.2024 Azerbaijan **Boats Security Awareness Training For All** SI-1846-19 UAG 08.07.2019 08.07.2024 Azerbaijan Seafarers Security Training For Seafarers With Designated Security Duties SH-0704-20 UAG 10.11.2020 10.11.2025 Azerbaijan

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

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

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
VOLGA SHIPPING SERVICE	M/V MEGA	Panama	General Cargo	4154	-	2979		A/B	02.08.2021	02.03.2022	2 month	End of Contract
					10/2							
				// /								
			10	1 22								
							GILL					
									707			
									A /			

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

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

Vaccination Yellow Fever COVID-19 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? 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? YES/NO YES/NO YES/NO	Generators					
Other Experience 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 - Australia YES/NO NO - Insurance,Health Related Documentation Medical Certificate (Fit for Duty) YES/NO YES/NO NO - Vaccination Yellow Fever YES/NO YES/N	Purifiers and Boilers	-				
Travel Documents Name YES/NO Schengen YES/NO NO - US YES/NO NO - Australia YES/NO NO - Australia YES/NO NO - Wedical Certificate (Fit for Duty) YES/NO Vaccination Wedical Certificate (Fit for Duty) YeS/NO On 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 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 Have you ever had a professional license suspended or revoked? YES/NO YES/NO YES/NO	Type of Cranes / No of Reefer Containers	-				
Name	Other Experience					
Name						
Name Schengen YES/NO NO Country Schengen YES/NO NO China NO China NO China NO Country NO	-					
Name Schengen YES/NO NO Country Schengen YES/NO NO China NO China NO China NO Country NO						
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) YES/NO Vaccination Yellow Fever YES/NO	Travel Documents					
US YES/NO NO - China YES/NO NO - Australia YES/NO NO - Australia YES/NO NO - Insurance,Health Related Documentation Medical Certificate (Fit for Duty) YES/NO YES					Date	
China YES/NO NO - Australia 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 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 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 (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 YES/NO						
Australia YES/NO NO - Insurance,Health Related Documentation Medical Certificate (Fit for Duty) YES/NO Vaccination Yellow Fever YES/NO YES/						
Insurance,Health Related Documentation Medical Certificate (Fit for Duty) Vaccination YES/NO YES/NO COVID-19 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? 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 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 YES/NO						-
Medical Certificate (Fit for Duty) Vaccination Yellow Fever Yes/NO 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 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 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 YES/NO	Australia		I ES/NO	110	1	
Vaccination Yellow Fever YES/NO COVID-19 YES/NO 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? 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	Insurance,Health Related De	ocumentation				
Vaccination Yellow Fever YES/NO COVID-19 YES/NO 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? 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	Medical Certificate (Fit for Dut	ty)			YES/NO	YI
COVID-19 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? 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	·		Vaccina	ation	, 2,2	<u>.u</u>
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	Yellow Fever				YES/NO	N
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) 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	COVID-19				VES/NO	1 1/1
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) 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	e answer is YES to any of the a	bove, please giv	e full details and at	tach a separate page if r	l.	YI
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 YES/NO YES/NO Have you ever had a professional license suspended or revoked? YES/NO	e answer is YES to any of the a	nbove, please giv	e full details and at	tach a separate page if r	l.	Y
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 Have you ever had a professional license suspended or revoked? YES/NO		nbove, please giv	e full details and at	tach a separate page if r	l.	YI
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 Have you ever had a professional license suspended or revoked? YES/NO	Medical history Have you ever signed off a sh	nip due to medica	Il reasons?	tach a separate page if r	necessary)	N
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? Have you ever had a professional license suspended or revoked? YES/NO YES/NO	Medical history Have you ever signed off a sh Have you undergone any ope	nip due to medica	Il reasons?		YES/NO YES/NO	N 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? Have you ever had a professional license suspended or revoked? YES/NO YES/NO	Medical history Have you ever signed off a sh Have you undergone any ope Have you consulted a doctor of	nip due to medica eration in the past during the last 12	Il reasons? ? ? months for an illne		YES/NO YES/NO YES/NO	N N N
General Have you ever been the subject of a court of enquiry or involved in a maritime accident? Have you ever had a professional license suspended or revoked? YES/NO YES/NO	Medical history Have you ever signed off a sh Have you undergone any ope Have you consulted a doctor of Do you have any health or dis	nip due to medica ration in the past during the last 12 sability problems	Il reasons? ? ? months for an illne		YES/NO YES/NO YES/NO YES/NO	N N N N
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	Medical history Have you ever signed off a sh Have you undergone any ope Have you consulted a doctor of Do you have any health or dis Do you take any medications	nip due to medica ration in the past during the last 12 sability problems regularly?	Il reasons? ? ? months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO YES/NO	N N N N
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	Medical history Have you ever signed off a sh Have you undergone any ope Have you consulted a doctor of Do you have any health or dis Do you take any medications	nip due to medica ration in the past during the last 12 sability problems regularly?	Il reasons? ? ? months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO YES/NO	N N N N
Have you ever had a professional license suspended or revoked? YES/NO	Medical history Have you ever signed off a sh Have you undergone any ope Have you consulted a doctor of Do you have any health or dis Do you take any medications (If the answer is YES to an	nip due to medica ration in the past during the last 12 sability problems regularly?	Il reasons? ? ? months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO YES/NO	N N N N
	Medical history Have you ever signed off a sh Have you undergone any ope Have you consulted a doctor of Do you have any health or dis Do you take any medications (If the answer is YES to an	nip due to medica ration in the past during the last 12 sability problems regularly? y of the above, p	Il reasons? ? ? months for an illne now? lease give full detai	ess/accident? ils and attach a separate	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	N N N N
(If YES, please give full details and attach a separate page if necessary)	Medical history Have you ever signed off a sh Have you undergone any ope Have you consulted a doctor of Do you have any health or dis Do you take any medications (If the answer is YES to an General Have you ever been the subje	nip due to medical ration in the past during the last 12 sability problems regularly? y of the above, place of a court of er	Il reasons? ? ? months for an illne now? lease give full detai	ess/accident? ils and attach a separate a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	N N N N N N N N N N N N N N N N N N N
	Medical history Have you ever signed off a sh Have you undergone any ope Have you consulted a doctor of Do you have any health or dis Do you take any medications (If the answer is YES to and General Have you ever been the subje	nip due to medical ration in the past during the last 12 sability problems regularly? y of the above, place of a court of er	Il reasons? ? ? months for an illne now? lease give full detai	ess/accident? ils and attach a separate a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	N N N N N N N N N N N N N N N N N N N
	Medical history Have you ever signed off a sh Have you undergone any ope Have you consulted a doctor of Do you have any health or dis Do you take any medications (If the answer is YES to and General Have you ever been the subject Have you ever had a profession	nip due to medical ration in the past during the last 12 sability problems regularly? The problems regularly? The problems regularly? The problems regularly?	Il reasons? ? ? months for an illne now? lease give full detai	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	N N N N N N N N N N N N N N N N N N N
	Medical history Have you ever signed off a sh Have you undergone any ope Have you consulted a doctor of Do you have any health or dis Do you take any medications (If the answer is YES to and General Have you ever been the subjections of the subjection of the s	nip due to medical ration in the past during the last 12 sability problems regularly? The problems regularly? The problems regularly? The problems regularly?	Il reasons? ? ? months for an illne now? lease give full detai	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	N N N N

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

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

16	References (Please give the	e name and address of your current or immediate p	ast employer)
	Name of company	1-	2 -

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

17	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.

Signature

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

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