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## **APPLICATION FORM**

1	Position	identity card PIN Number 53Y46KL				
	Position Applied for:	Officer in Charge of a Navigational Watch				
	Date Available from:	-				

First Name: JAMAL	Last Name: ISMAYILOV
Date of Birth: 14.03.1988	Place of Birth (City and Country): Azerbaijan, MASALLI
Email: camal.ismayilov.1988@mail.ru	Mobile Number: (+994) 55 727 16 76; +994 70 734 25 26
Permanent Address: Khirdalan, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijanian	Alternative rank applying for: 2 <sup>ND</sup> OFF

3	Family Details: (If Unmarried kindly give details of Father / Mother)							
	First Name	Last Name	Gender	Relation	Contact			
	Natig	Ismayilov	Male	Father	+ 994557271676			

4	Maritime Education	1			
	Name of school	Country	From	То	Type of degree or diploma
	Azerbaijan Marine Fishing Industry Technical School	Azerbaijan	2008	2012	Bachelor

Physical Data	
Height	175
Weight	84
Boilersuit Size	XL
Shoes Size	-
Blood group	O(I)RH+
Additional Physical Information:{You can write any other	information you want to add about your physique in this field.}

## 6 Seaman's Book & Identify Docs

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DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE (	OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 020803		20.07.2022	Azerbaijan		20.07.2027
Certificate of Competency	Azerbaijan	0005952		08.12.2023	Azerbaijan		20.04.2027
Republic of Azerbaijan	Azerbaijan	C03899046		14.10.2023	Azerbaijan		13.10.2033
Do you hold a US Vis	a '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 reject	YES/NO	NO					
If YES, please state t	he country and rea	sons		-			

**Professional Test** 

Professional Test Date	Name of Test	Score
-	-	-

License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
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-1555-22	UAG	13.04.2022	08.04.2027		
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1555-22	UAG	13.04.2022	08.04.2027		
ELEMENTARY FIRST AID	Azerbaijan	SO-1555-22	UAG	13.04.2022	08.04.2027		
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1555-22	UAG	13.04.2022	08.04.2027		
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1555-22	UAG	13.04.2022	08.04.2027		
International Safety Management	Azerbaijan	SP-2017-23	UAG	22.06.2023	16.06.2028		
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1031-22	UAG	26.04.2022	26.04.2027		
Security Awareness Training For All Seafarers	Azerbaijan	SI-1268-23	UAG	10.05.2023	28.04.2028		
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0976-23	UAG	17.04.2023	12.04.2028		
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0270-22	UAG	29.04.2022	29.04.2027		
Leadership & Teamwork	Azerbaijan	DL-0713-23	UAG	24.08.2023	23.08.2028		
Advanced Training in Fire Fighting	Azerbaijan	SJ-1104-23	UAG	30.08.2023	30.08.2028		
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0842-23	UAG	10.10.2023	10.10.2028		
Updating	Azerbaijan	XS-0750-22	UAG	20.04.2022	20.04.2027		
Proficiency in Fast Rescue Boats	Azerbaijan	SU-0276-23	UAG	17.08.2023	17.08.2028		
Medical First Aid	Azerbaijan	SN-0587-23	UAG	12.04.2023	06.04.2028		
Medical Care	Azerbaijan		UAG				
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0425-23	UAG	11.08.2023	10.08.2028		
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0201-23	UAG	20.04.2023	20.04.2028		
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0496-23	UAG	08.09.2023	08.09.2028		
Bridge Resource Management	Azerbaijan	SW-0438-23	UAG	06.10.2023	30.08.2028		

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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
CMS	CMS SEMA	Azerbaijan	General Cargo	-	Wartsila	2565	-	2 <sup>ND</sup> Officer	15.03.2013	15.06.2016	-	End of Contract
XDND	BARRA	Azerbaijan	AHTS	-	Caterpill ar	1011		2 <sup>ND</sup> Officer	15.07.2016	15.10.2017	-	End of Contract
XDND	TABRIZ HALILBAYLI	Azerbaijan	FFV	-	Zultzer	1382	- 8	2 <sup>ND</sup> Officer	15.11.2017	15.05.2018	-	End of Contract
XDND	BARRA	Azerbaijan	AHTS	( <del>-</del> )//	Zultzer	1011	-	2 <sup>ND</sup> Officer	15.06.2018	15.01.2019	-	End of Contract
XDND	OM	Azerbaijan	AHTS	1	Wartsila	1394	-	2 <sup>ND</sup> Officer	15.02.2019	15.05.2019	-	End of Contract
XDND	ALI AMIROV	Azerbaijan	PSV	-	Crepelle	2538	-	2 <sup>ND</sup> Officer	15.06.2019	09.01.2020	-	End of Contract
XDND	SUMGAIT	Azerbaijan	AHTS	-	Normo	1969	4	2 <sup>ND</sup> Officer	14.02.2020	31.07.2023	-	End of Contract
			N. C.					/ /6				
						6/1/	1.//6					

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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

Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
Travel Documents					
Name		YES/NO	Country	Date	pf Expire
Schengen		YES/NO	NO		-
US China		YES/NO YES/NO	NO NO		-
Australia		YES/NO YES/NO	NO		-
Insurance ,Health Related	Documentation				
Medical Certificate (Fit for D	uty)			YES/NO	,
		Vaccin	ation		
Yellow Fever				YES/NO	,
COVID-19				YES/NO	
Medical history					
Medical history  Have you ever signed off a s	ship due to medica	Il reasons?		YES/NO	
Have you ever signed off a s Have you undergone any op	eration in the past	?		YES/NO	
Have you ever signed off a s Have you undergone any op Have you consulted a doctor	eration in the past r during the last 12	? ? months for an illne	ess/accident?	YES/NO YES/NO	
Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d	eration in the past r during the last 12 isability problems	? ? months for an illne	ess/accident?	YES/NO YES/NO YES/NO	
Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do Do you take any medications	reration in the past r during the last 12 isability problems s regularly?	? ? months for an illne now?		YES/NO YES/NO YES/NO YES/NO	
Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d	reration in the past r during the last 12 isability problems s regularly?	? ? months for an illne now?		YES/NO YES/NO YES/NO YES/NO	/)
Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a	reration in the past r during the last 12 isability problems s regularly?	? ? months for an illne now?		YES/NO YES/NO YES/NO YES/NO	
Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General	retation in the past r during the last 12 isability problems s regularly? ny of the above, p	? months for an illne now? lease give full deta	ils and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary	/)
Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d Do you take any medications (If the answer is YES to a	r during the last 12 isability problems s regularly?  ny of the above, p	? months for an illne now? lease give full deta	ils and attach a separate	YES/NO YES/NO YES/NO YES/NO	//) //NO
Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do Do you take any medications	r during the last 12 isability problems is regularly?  ny of the above, p  ect of a court of er ional license susp	? months for an illne now? lease give full deta quiry or involved in ended or revoked?	ils and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary	//) //NO
Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subject Have you ever had a profess	r during the last 12 isability problems is regularly?  ny of the above, p  ect of a court of er ional license susp	? months for an illne now? lease give full deta quiry or involved in ended or revoked?	ils and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary	//) //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 company	1	2
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

17	Declaration

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

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

Date:	20.02.2024	

Signature

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