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APPLICATION FORM

1	Position	identity card PIN Number 4P53EH9
	Position Applied for:	Second Engineer
	Date Available from:	22.02.2024

First Name: KHALIL	Last Name: KHALILOV
Date of Birth: 23.07.1990	Place of Birth (City and Country): Russian Federation, MOSCOW
Email: <u>xalil.xalilov.90@mail.ru</u>	Mobile Number: (+994) 50 234 39 33 ; +994 12 454 45 46; 077 354 45 46
Permanent Address: 52 Azizbayov street,	Expected Salary Per Month:
Mardakan stell, Baku, Azerbaijan	5000\$
Nationality: Azerbaijanian	Alternative rank applying for: -

3	Family Details: (If Unmarried kindly give details of Father / Mother)								
	First Name	Last Name	Gender	Relation	Contact				
	Jafar	Khalilov	Male	Father	+7 92 657 90 968				

Maritime Education							
Name of school	Country	From	То	Type of degree or diploma			
Azerbaijan State Marine Academy	Azerbaijan	2007	2011	Bachelor			

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B(III)RH+

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6 Seaman's Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE	OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan		QK	21.12.2023	Aze	rbaijan	21.12.2028
Certificate of Competency	Azerbaijan	006018		07.07.2023	Azerbaijan		07.07.028
Republic of Azerbaijan	Azerbaijan	C03981168		24.05.2022	Aze	rbaijan	23.05.2032
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	Issue Date:	-	Expiry	Date:-
Have you been reject	YES/NO	NO					
If YES, please state t	he country and reas	sons		-			·

7 Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8 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-5354-23	SOCAR	20.11.2023	17.11.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5354-23	SOCAR	20.11.2023	17.11.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5354-23	SOCAR	20.11.2023	17.11.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5354-23	SOCAR	20.11.2023	17.11.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5354-23	SOCAR	20.11.2023	17.11.2028
International Safety Management	Azerbaijan		SOCAR		
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4195-23	SOCAR	30.11.2023	24.11.2028
Security Awareness Training For All Seafarers	Azerbaijan		SOCAR		
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0082-23	SOCAR	18.01.2023	18.01.2028
Leadership & Teamwork	Azerbaijan	DL-0104-23	SOCAR	10.02.2023	02.02.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-1499-23	SOCAR	01.12.2023	30.01.2028
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan	ER-0041-23	SOCAR	21.02.2023	13.01.2028

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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	M/V ORAL	Azerbaijan	Tanker	13000	Wartsila	-	-	3 RD Engineer	01.10.2019	01.03.2020	5 month	End of Contract
CMS	M/V JABRAIL	Azerbaijan	Supply Vessel	2180	Mak			2 ND Engineer	27.12.2023	05.01.2024	3 month	End of Contract
CMS	M/V JABRAIL	Azerbaijan	Supply Vessel	2180	Mak	AN	-	2 ND Engineer	25.01.2024	25.02.2024	2 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

Purifiers and Boilers	-			
Type of Cranes / No of Reefer Containers	-			
Other Experience				
-				
Travel Documents	Lorenza		_	
Name Schengen	YES/NO YES/NO	Country NO	Date p	of Expire
US	YES/NO YES/NO	NO		-
China	YES/NO	NO		-
Australia	YES/NO	NO		-
In a common and the Bullette I Day				
Insurance ,Health Related Doo	cumentation			
Medical Certificate (Fit for Duty)	Vacati	u ati a u	YES/NO	Y
Yellow Fever	Vacci	nation	YES/NO	1
COVID-19			YES/NO	Y
Medical history				
Medical history Have you ever signed off a ship	due to medical reasons?		YFS/NO	
Medical history Have you ever signed off a ship Have you undergone any operat			YES/NO YES/NO	
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du	tion in the past? ring the last 12 months for an illr	ness/accident?		
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab	tion in the past? ring the last 12 months for an illr oility problems now?	ness/accident?	YES/NO YES/NO YES/NO	
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications re	tion in the past? ring the last 12 months for an illr oility problems now? gularly?		YES/NO YES/NO YES/NO YES/NO	
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Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications rea (If the answer is YES to any of General Have you ever been the subject Have you ever had a professional	tion in the past? ring the last 12 months for an illr fility problems now? gularly? of the above, please give full dete	ails and attach a separate in a maritime accident?	YES/NO YES/NO YES/NO YES/NO Page if necessary)	
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications rea (If the answer is YES to any of General Have you ever been the subject Have you ever had a professional	tion in the past? ring the last 12 months for an illr fility problems now? gularly? of the above, please give full dete	ails and attach a separate in a maritime accident?	YES/NO YES/NO YES/NO YES/NO Page if necessary)	IO

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References (Please give the name and address of your current or immediate past employer)

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Name of company	1. CMS	2
Name of person to contact	Maharramov Emil	-
Address	-	-
☎ No.	+ 994 55 519 48 24	-

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:	21.02.2024	
Signature	•		

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