



APPLICATION FORM

1	Position	identity card PIN Number 0XTNGGU
	Position Applied for:	Officer in charge of a Navigational Watch
	Date Available from:	-

First Name: ILKIN	Last Name: SALIMOV
Date of Birth: 30.07.1981	Place of Birth (City and Country): Azerbaijan, NEFTCHALA
Email: ilkin.salimov.alim@gmail.com	Mobile Number: (+994) 50 331 25 58
Permanent Address: M.A.Rasulzada street,	Expected Salary Per Month:
Neftchala district, Azerbaijan	3000\$
Nationality: Azerbaijanian	Alternative rank applying for:
	2 ND OFF

3	Family Details: (If Unmarri	ed kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Asmar	Salimova	Female	Sister	+994 50 383 32 47

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Volga State Maritime College	Russia	2013	2019	College

Physical Data	
Height	180
Weight	78
Boilersuit Size	XL
Shoes Size	42
Blood group	O(I)RH+
Blood group Additional Physical Information: {You can write any other info	

Seaman`s Book & Id	entify Docs				
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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

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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	018975	24.12.2021	Azerbai	jan	24.12.2026
Certificate of Competency	Azerbaijan	000	74429	29.04.2022	Azerbai	jan	29.04.2027
Republic of Azerbaijan	Azerbaijan	C01	772226	01.09.2018	Azerbai	jan	31.08.2028
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 rejecte	ed for any visa app	lied for?		YES/NO	NO		
If YES, please state th	ne country and reas	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-5888-22	UAG	15.12.2022	15.12.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5888-22	UAG	15.12.2022	15.12.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-5888-22	UAG	15.12.2022	15.12.202
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5888-22	UAG	15.12.2022	15.12.202
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5888-22	UAG	15.12.2022	15.12.2027
International Safety Management	Azerbaijan	SP-1670-22	UAG	08.06.2022	08.06.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4123-22	UAG	19.12.2022	19.12.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1323-22	UAG	02.06.2022	02.06.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0119-20	UAG	09.02.2020	07.02.2025
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0752-23	UAG	30.12.2023	30.12.2028
Leadership & Teamwork	Azerbaijan	DL-0942-23	UAG	20.11.2023	14.11.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-1506-23	UAG	08.12.223	08.12.202
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0116-23	UAG	17.02.2023	17.02.202
Proficiency in Fast Rescue Boats	Azerbaijan	SU-0139-20	UAG	06.10.2020	06.10.202
Medical First Aid	Azerbaijan	SN-1764-23	UAG	01.12.2023	30.11.202
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0055-24	UAG	06.02.2024	06.02.2029
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0506-23	UAG	15.12.2023	15.12.202
Bridge Resource Management	Azerbaijan	SW-0520-23	UAG	24.11.2023	23.11.202
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0615-23	UAG	20.11.2023	16.11.202

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

Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply **Technical Services**

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
SEACORE MARINE	M/V SEA CORE COGAR	Azerbaija n	Passenge r	168	-	498	-	Able Seafarer Deck	01.09.2010	10.07.2015	-	End of Contract
CMS	M/V GURBAN ABBASOV	Azerbaija n	Crane	3343	(6.6)	21564	<u>-</u>	Able Seafarer Deck	15.07.2015	30.08.2016	-	End of Contract
CUNDA SHIPPING	M/V SOLIKAMSK	Panama	Dry Cargo	5462		3991	-	2 ND Officer	01.09.2022	01.12.2022	-	End of Contract
AB FLOT	M/V MELIANA	Kazakhst an	Tanker	2662	-	1631	-	2 ND Officer	04.04.2023	01.10.2023	-	End of Contract
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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

	-					
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			-
Australia		YES/NO	NO			-
Insurance ,Health Related	Documentation					
Medical Certificate (Fit for D					YES/NO	
iviedical Certificate (Fit for E	outy)	Vaccin	ation		TES/INO	
		racon	idii oii			
Yellow Fever					YES/NO	
COVID-19 e answer is YES to any of the	e above, please giv	e full details and at	ttach a separate page if	necessa	YES/NO YES/NO ary)	,
COVID-19	e above, please giv	e full details and a	ttach a separate page if	necessa	YES/NO	
COVID-19	above, please giv	e full details and a	ttach a separate page if	necessa	YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a	ship due to medica	I reasons?	ttach a separate page if	necessa	YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of	ship due to medica	I reasons?		necessa	YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor	ship due to medica peration in the past or during the last 12	I reasons? ? ! months for an illne		necessa	YES/NO YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any off Have you consulted a doctor Do you have any health or off	ship due to medica peration in the past or during the last 12 disability problems	I reasons? ? ! months for an illne		necessa	YES/NO YES/NO YES/NO YES/NO YES/NO	
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Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication (If the answer is YES to a	ship due to medica peration in the past or during the last 12 disability problems as regularly? any of the above, p	I reasons? ? ! months for an illnonow? lease give full deta	ess/accident? ills and attach a separat		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO TO THE TO	IO
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Medical history Have you ever signed off a Have you undergone any op Have you consulted a doctor Do you have any health or op Do you take any medication (If the answer is YES to a	ship due to medica peration in the past or during the last 12 disability problems as regularly? any of the above, po-	I reasons? ? ! months for an illnonow? lease give full deta	ess/accident? ills and attach a separat		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	IO

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Provision, Ship Supply

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

Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services 16 References (Please give the name and address of your current or immediate past employer)

Name of company	1. AB FLOT	2. CUNDA SHIPPING
Name of person to contact	ALIYEV XALID	ISAQXAN BEY
Address	-	-
☎ No.	+ 99450 393 35 95	+90 535 374 51 88

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.

Signature

27.02.2024 Date: