



## APPLICATION FORM

1	Position	identity card PIN Number 6BRGWGW			
	Position Applied for:	Able Seafarer Deck			
	Date Available from:	-			

**Personal Information** Gender: Male 2 First Name: RAMIL Last Name: ABDULLAYEV Date of Birth: 07.07.1997 Place of Birth (City and Country): Azerbaijan, GADABAY Email: ramil.abdullayev1@icloud.com Mobile Number: (+994) 50 631 06 62 Permanent Address: Sumgait city, **Expected Salary Per Month:** 1500\$ Khimyacilar settl, 55A, Azerbaijan Nationality: Azerbaijanian Alternative rank applying for: Boatswain, Fitter Person to call in emergency: (+994) 55 863 90 68 Brother

Family Details: (If Unmarried kindly give details of Father / Mother) 3 Gender Relation First Name Last Name Contact +994558639068 Tofig Abdullayev Male Brother

**Maritime Education** Type of degree or Name of school **Country** From To diploma Kainat Maritime Azerbaijan 01.11.2019 21.05.2020 Course MMC

**Physical Data** 175 Height 75 Weight **Boilersuit Size** 42 Shoes Size A(II)RH+ 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 DATE OF ISSUE PLACE OF ISSUE DOCUMENT** COUNTRY **NUMBER EXPIRY** 

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

Seaman Book	Azerbaijan	DQK	015819	05.02.2020	Azerba	aijan	05.02.2025	
Certificate of Competency	Azerbaijan	RP10139		04.08.2022	Azerba	aijan	-	
Republic of Azerbaijan	Azerbaijan	C01722504		11.12.2017	Azerba	aijan	10.12.2027	
Seaman Book Flag State	Panama	PA0042082		28.04.2021	Pana	ma	22.03.2026	
Do you hold a US Visa	Do you hold a US Visa 'C1/D'?		NO	Issue Date:	-	Expiry	Date: -	
Do you hold a US Visa	YES/NO	IO NO Issue Date: -		-	Expiry Date:-			
Have you been rejecte	YES/NO	NO						
If YES, please state th	-							

**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-0860-20	ASMA	11.08.2020	11.08.2025
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0860-20	ASMA	11.08.2020	11.08.2025
ELEMENTARY FIRST AID	Azerbaijan	SO-0860-20	ASMA	11.08.2020	11.08.2025
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0860-20	ASMA	11.08.2020	11.08.2025
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0860-20	ASMA	11.08.2020	11.08.2025
International Safety Management	Azerbaijan	SP-0565-20	ASMA	17.08.2020	17.08.2025
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0584-20	ASMA	15.08.2020	15.08.2025
Security Awareness Training For All Seafarers	Azerbaijan	SI-0452-20	ASMA	18.08.2020	18.08.2025
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0330-20	ASMA	20.08.2020	20.08.2025
Basic training and qualification an oil and chemical tanker cargo operations	Azerbaijan	SA-0553-22	ASMA	05.08.2022	05.08.2027

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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
CUNDA SHIPPING LTD	M/V ALEKSANDR LEBED	Panama	General Cargo	-	Diesel	4972		A/B	18.03.2021	24.05.2022	14 month	End of Contract
TESLA SHIPPING LTD	M/V HOPTERIX	Barbados	General Cargo			5520	$C_{E}$	A/B	18.10.2022	20.05.2023	7 month	End of Contract
TESLA SHIPPING LTD	M/V HOPTERIX	Barbados	General Cargo		-	5520	-	A/B	28.07.2023	05.12.2023	5 month	End of Contract
TESLA SHIPPING LTD	M/V HOPTERIX	Barbados	General Cargo		-	5520	-	Boatswain	05.12.2023	24.02.2024	3 month	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

0	-				
Generators					
Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
Boatswain, Fitter					
Travel Documents					
Name		YES/NO	Country	Date pf E	ynire
Schengen		YES/NO	NO	Date pi E	.xpiie
US		YES/NO	NO	-	
China		YES/NO	NO	-	
Australia		YES/NO	NO	-	
Insurance ,Health Related	Documentation				
·				VEC /10	
Medical Certificate (Fit for D	vuty)	Vaccina	ation	YES/NO	Y
Yellow Fever		vaccina	IIIVII	YES/NO	Y
COVID-19				YES/NO	Y
answer is YES to any of the	above, please give	e iuii detaiis and att	acn a separate page if n	ecessary)	
Medical history	•			YES/NO	١
Have you ever signed off a		?		YES/NO	
Have you undergone any op	•		/ !	YES/NO	1
Have you ever signed off a Have you undergone any of Have you consulted a doctor	or during the last 12		ss/accident?		
Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of	or during the last 12		ss/accident?	YES/NO	
Have you ever signed off a Have you undergone any of Have you consulted a doctor	or during the last 12 disability problems r as regularly?	now?		YES/NO YES/NO	<u> </u>
Have you ever signed off a Have you undergone any op Have you consulted a docto Do you have any health or o Do you take any medication  (If the answer is YES to a	or during the last 12 disability problems r is regularly? any of the above, pl	now? lease give full detail	s and attach a separate	YES/NO YES/NO page if necessary)	
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	or during the last 12 disability problems r is regularly? any of the above, pl	now? lease give full detail	s and attach a separate	YES/NO YES/NO page if necessary)  YES/NO	
Have you ever signed off a Have you undergone any op Have you consulted a docto Do you have any health or op Do you take any medication	or during the last 12 disability problems r is regularly? any of the above, pl	now? lease give full detail	s and attach a separate	YES/NO YES/NO page if necessary)	
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	or during the last 12 disability problems researched any of the above, place of a court of ensional license suspensional license suspensional disease suspensional license suspen	now? lease give full detail lease give full detail lease give full detail	s and attach a separate a maritime accident?	YES/NO YES/NO page if necessary)  YES/NO	

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

Name of company	1.CUNDA SHIPPING LTD	2
Name of person to contact		-
Address	KARTA/ISTANBUL	-
☎ No.	+90(216) 574 25 12	-

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:	27.02.2024

Signature

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