



APPLICATION FORM

1	Position	identity card PIN Number 7B31JAW
	Position Applied for:	Officer in Charge of an Engineering Watch
	Date Available from:	-

First Name: ZAMIR	Last Name: AHMADKHANOV
Date of Birth: 01.01.2000	Place of Birth (City and Country): Azerbaijan GUSAR
Email: axmedxanovzamir@gmail.com	Mobile Number: (+994) 70 882 93 80
Permanent Address: Gusar district, Anigh village, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijanian	Alternative rank applying for: -

3	Family Details: (If Unmarr	ied kindly give details of Fat	her / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Aslan	Ahmadkhanov	Male	Father	+994 70 311 01 28

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Azerbaijan State Marine Academy	Azerbaijan	2017	2021	Bachelor

Physical Data	
Height	178
Weight	78
Boilersuit Size	XL
Shoes Size	40
Blood group	A(II)RH+

	_						
6		Seaman's Book & Id	entify Docs				
	Ī	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF

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EXPIRY

Seaman Book	Azerbaijan	DQK	023 251	12.04.2023	Aze	erbaijan	12.04.2028
Certificate of Competency	Azerbaijan	000	08100	06.02.2024	Aze	erbaijan	06.02.2029
Republic of Azerbaijan	Azerbaijan		-	-	Aze	erbaijan	-
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 reject	ed for any visa app	lied for?		YES/NO	NO		
If YES, please state the	ne country and rea	sons		-			

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	-	-	-

9

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-0678-23	ASMA	10.02.2023	08.02.202
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0678-23	ASMA	10.02.2023	08.02.202
ELEMENTARY FIRST AID	Azerbaijan	SO-0678-23	ASMA	10.02.2023	08.02.202
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0678-23	ASMA	10.02.2023	08.02.202
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0678-23	ASMA	10.02.2023	08.02.202
International Safety Management	Azerbaijan	SP-0450-23	ASMA	14.02.2023	10.02.202
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3608-22	ASMA	10.11.2022	05.11.202
Security Awareness Training For All Seafarers	Azerbaijan	SI-0507-23	ASMA	17.02.2023	17.02.202
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3517-23	ASMA	26.12.2023	22.12.202
Medical First Aid	Azerbaijan	SN-1553-23	ASMA	13.10.2023	13.10.202
Leadership & Teamwork	Azerbaijan	DL-1012-23	ASMA	08.12.2023	08.12.202
Advanced Training in Fire Fighting	Azerbaijan	SJ-1361-23	ASMA	30.10.2023	27.10.202
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan	ER-0357-23	ASMA	12.12.2023	12.12.202

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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
XDND	M/V EHRAM KHALIGOV	Azerbaijan	Offshore /Tug	1329	-	2737	-	Motorman	01.12.2022	15.12.2022	-	End of Contract
XDND	M/V AYDIN MAMEDOV	Azerbaijan	Crane	380	62	1387	-	Motorman	01.01.2023	-	-	On Board
							7,9					

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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		YES/NO	NO		-
China		YES/NO	NO		-
Australia		YES/NO	NO		-
Insurance ,Health Related	Documentation				
Medical Certificate (Fit for D				YES/NO	,
·		Vaccin	ation	120/110	1
Yellow Fever				YES/NO	
COVID-19				YES/NO	,
answer is YES to any of the	above, please giv	e full details and at	ttach a separate page if r	necessary)	
answer is YES to any of the	above, please giv	e full details and at	ttach a separate page if r	necessary)	
	above, please giv	e full details and at	ttach a separate page if r	necessary)	
Medical history			ttach a separate page if r		
Medical history Have you ever signed off a s	ship due to medica	Il reasons?	ttach a separate page if r	YES/NO	
Medical history	ship due to medica	Il reasons?			
Medical history Have you ever signed off a s Have you undergone any op	ship due to medica eration in the past r during the last 12	Il reasons? ? ? months for an illne		YES/NO YES/NO	
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Medical history Have you ever signed off a see Have you undergone any ope 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 subj	ship due to medical teration in the past of during the last 12 isability problems is regularly? In the above, place of the above of the above of the above of the ect of a court of er	Il reasons? ? ? months for an illne now? lease give full deta	ess/accident? ills and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	//NO
Medical history Have you ever signed off a see Have you undergone any ope 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 subj	ship due to medical teration in the past of during the last 12 isability problems is regularly? In the above, place of the above of the above of the above of the ect of a court of er	Il reasons? ? ? months for an illne now? lease give full deta	ess/accident? ills and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	//NO
Medical history Have you ever signed off a see Have you undergone any ope 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 subj	ship due to medical eration in the past of during the last 12 isability problems is regularly? In the above, proceed of a court of erational license suspense.	Il reasons? ? ? months for an illne now? lease give full deta enduiry or involved in ended or revoked?	ess/accident? ills and attach a separate	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	//NO
Medical history Have you ever signed off a selection of the subject of the subje	ship due to medical eration in the past of during the last 12 isability problems is regularly? In the above, proceed of a court of erational license suspense.	Il reasons? ? ? months for an illne now? lease give full deta enduiry or involved in ended or revoked?	ess/accident? ills and attach a separate	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	//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.

Signature

Date:	27.02.2024

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