



## APPLICATION FORM

1	Position	identity card PIN Number 63X7ATB
	Position Applied for:	Rating forming part of an Engine-Room Watch
	Date Available from:	-

Gender: Male 2 **Personal Information** Last Name: MANSIRLI First Name: ELMADDIN Date of Birth: 01.01.1995 Place of Birth (City and Country): Azerbaijan, IMISHLI Email:-Mobile Number: (+994) 51 663 66 06 Permanent Address: Imishli district, **Expected Salary Per Month:** 1200\$-1500\$ R.Qaraguvendikli village Nationality: Azerbaijanian Alternative rank applying for: -Person to call in emergency: (+994) 50 609 30 38 Brother

Family Details: (If Unmarried kindly give details of Father / Mother) 3 Gender Relation First Name **Last Name** Contact +994 50 609 30 38 Zaur Mansirli Male Brother

**Maritime Education** Type of degree or Name of school **Country** From To diploma 07.2019 Kainat Maritime Azerbaijan 01.2020 Course MMC

**Physical Data** 178 Height 68 Weight XL **Boilersuit Size** 43 Shoes Size O(I)RH+ Blood group 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

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	015481	14.11.2019	Aze	erbaijan	14.11.2024
Certificate of Competency	Azerbaijan	RP	10158	21.09.2020	Aze	erbaijan	-
Republic of Azerbaijan	' Δ7ernalian   C112/4286/49		13.03.2019	Aze	erbaijan	12.03.2029	
Do you hold a US Vis	YES/NO	NO	Issue Date:	-	Expiry	Date: -	
Do you hold a US Visa 'B1/B2'? YES/NO NO			NO	Issue Date:	-	Expiry	Date:-
Have you been rejecte	YES/NO	NO					
If YES, please state the	ne country and rea	asons		-			

**Professional Test** 

Professional Test Date	Name of Test	Score
-	-	-

License

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Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

**STCW Certificates & Trainings Training** Date Of Courses **Issued Country** Certificate No. **Date Issued** Center **Expiry** PERSONAL SURVIVAL TECHNICS Azerbaijan SO-0905-20 **ASMA** 17.08.2020 16.08.2025 FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-0905-20 **ASMA** 17.08.2020 16.08.2025 ELEMENTARY FIRST AID SO-0905-20 ASMA 17.08.2020 16.08.2025 Azerbaijan PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-0905-20 ASMA 17.08.2020 16.08.2025 SAFETY FAMILIARIZATION TRAINING Azerbaijan SO-0905-20 **ASMA** 17.08.2020 16.08.2025 **International Safety Management** Azerbaijan SP-0600-20 **ASMA** 25.08.2020 25.08.2025 Proficiency in Survival Craft & Rescue ASMA 23.08.2025 SL-0633-20 23.08.2020 Azerbaijan **Boats** 

Azerbaijan

SI-0415-20

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Security Awareness Training For All

Seafarers

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ASMA

17.08.2020

17.08.2025

## **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
MARSH LINES LIMITED	M/V NIHAL	Panama	General Cargo	-	-	3790	-	Oiler	13.09.2021	11.04.2022	7 month	End of Contract
CAPRAMAR MUSA	M/V OBA	-	-	-			-	Oiler	-	-	-	-
GN GROUP	M/V LADY MERAL	Panama	General Cargo		-		-	Oiler		-	-	-
			A									
							210					
							YK.					
									<del>49/</del>			
						5/6/	H/10					

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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

Generators	-					
Purifiers and Boilers	-					
Type of Cranes / No of Reefer Containers	-					
Other Experience						
-						
Travel Documents						
Name		YES/NO	Country		Date p	f Expire
Schengen		YES/NO	NO			-
US		YES/NO	NO			-
China		YES/NO	NO NO			-
Australia		YES/NO	NO			-
Insurance ,Health Related	d Documentation					
Medical Certificate (Fit for D	Outy)				YES/NO	•
		Vaccin	ation			
Yellow Fever		Vaccin	ation		YES/NO	
Yellow Fever COVID-19 e answer is YES to any of the	e above, please giv			if necess	YES/NO	,
COVID-19	e above, please giv			if necess	YES/NO	
COVID-19	e above, please giv			if necess	YES/NO	
COVID-19 e answer is YES to any of the		e full details and a		if necess	YES/NO	
COVID-19 e answer is YES to any of the  Medical history  Have you ever signed off a Have you undergone any o	ship due to medica	e full details and at	ttach a separate page	if necess	YES/NO ary)  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 o Have you consulted a doctor	ship due to medica peration in the past or during the last 12	e full details and at al reasons? ? ? months for an illne	ttach a separate page	if necess	YES/NO ary)  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 o  Have you consulted a docte  Do you have any health or	ship due to medica peration in the past or during the last 12 disability problems	e full details and at al reasons? ? ? months for an illne	ttach a separate page	if necess	YES/NO Ary)  YES/NO YES/NO YES/NO YES/NO	
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16	References (Please give the n	ame and address of your current or immediate pa	ast employer)
	Name of company	1 -	2-

Name of company	1	2
Name of person to contact	-	-
Address	-	-
■ No.	-	-

17 Declaration		
	1/	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:	29.02.2024

Signature

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