



APPLICATION FORM

1	Position	identity card PIN Number 2GYNQ6U
	Position Applied for:	Rating forming part of an engine-room watch
	Date Available from:	-

Gender: Male 2 **Personal Information Last Name: MAJIDOV** First Name: MAHAMMADSHAH Date of Birth: 19.05.1998 Place of Birth (City and Country): Azerbaijan, ASTARA Email: 9.-mecidov98@icloud.com Mobile Number: (+994) 50 563 65 06 Permanent Address: Astara District, **Expected Salary Per Month:** 1200\$ Shiyakan village, Azerbaijan Nationality: Azerbaijan Alternative rank applying for: -Person to call in emergency: (+994) 50 872 72 81 Father

Family Details: (If Unmarried kindly give details of Father / Mother)

First Name Last Name Gender Relation Contact

Male Father +994 50 872 72 81

 Name of school
 Country
 From
 To
 Type of degree or diploma

 Kainat Maritime MMC
 Azerbaijan
 18.10.2021
 11.05.2022
 Course

Height

Height

174

Weight

Boilersuit Size

Shoes Size

Blood group

A(II)RH+

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 ISSUE | DATE OF ISSUE | DATE OF EXPIRY |

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

Seaman Book	Azerbaijan	DQK	026688	06.02.2021	Azerba	ijan	06.02.2026
Certificate of Competency	Azerbaijan	RP	10297	31.05.2022	Azerba	ijan	-
Republic of Azerbaijan	Azerbaijan	C03	225936	19.09.2020	Azerba	ijan	18.09.2030
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 rea	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-1085-20	ASMA	15.09.2020	11.09.2025
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1085-20	ASMA	15.09.2020	11.09.2025
ELEMENTARY FIRST AID	Azerbaijan	SO-1085-20	ASMA	15.09.2020	11.09.2025
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1085-20	ASMA	15.09.2020	11.09.2025
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1085-20	ASMA	15.09.2020	11.09.2025
International Safety Management	Azerbaijan	SP-0779-20	ASMA	20.09.2020	20.09.2025
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0763-20	ASMA	15.09.2020	15.09.2025
Security Awareness Training For All Seafarers	Azerbaijan	SI-0553-20	ASMA	16.09.2020	16.09.2025
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1095-22	ASMA	14.06.2022	14.06.2027

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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	M/V RIVER STORM	Panama	General Cargo	6277	-	4966	-	Motorman	26.08.2022	01.11.2022	3 month	End of Contract
CUNDA SHIPPING	MV/ ALEKSANDR LEBED	Panama	General Cargo	5142	(10)	4972	C F	Motorman	29.12.2022	22.09.2023	9 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

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		<u> </u>
US		YES/NO	NO		-
China		YES/NO	NO		-
Australia		YES/NO	NO		-
Insurance ,Health Related	I Documentation				
Medical Certificate (Fit for I				YES/NO	YE
·		Vaccin	ation		
Yellow Fever				YES/NO	NO
COVID-19				YES/NO	YE
e answer is YES to any of the	e above, please give	e full details and at	tach a separate page if n	ecessary)	
e answer is YES to any of the	e above, please give	e full details and at	tach a separate page if n	ecessary)	
e answer is YES to any of the	e above, please give	e full details and at	tach a separate page if n	ecessary)	
Medical history Have you ever signed off a	ship due to medical	I reasons?	tach a separate page if n	YES/NO	No
Medical history Have you ever signed off a Have you undergone any o	ship due to medical peration in the past	reasons?		YES/NO YES/NO	N
Medical history Have you ever signed off a Have you undergone any o Have you consulted a doctor	ship due to medical peration in the past? or during the last 12	I reasons? ? months for an illne		YES/NO YES/NO YES/NO	NO NO
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Name of company	1.		2.
Name of person to contact			
Address			
☎ No.			
Declaration			
hereby declare that the ab	ove particulars are true and au	thorize you to contact	the referees listed above.
have read it, I am familiar	with it, I confirm with my signat	ure.	

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Signature

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