



## **APPLICATION FORM**

1	Position	identity card PIN Number 5MXMRDH
	Position Applied for:	Electro-Technical Officer
	Date Available from:	-

First Name: ALI	Last Name: ZEYNALOV
Date of Birth: 11.04.1992	Place of Birth (City and Country): Azerbaijan, NEFTCHALA
Email: zeynaloveli2323@gmail.com	Mobile Number: (+994) 55 394 05 79
Permanent Address: Neftchala city, Babak street, Home 13	Expected Salary Per Month: 4000\$
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarried kindly give details of Father / Mother)						
	First Name	Last Name	Gender	Relation	Contact		
	Aslanshah	Zeynalov	Male	Father	+994 55 698 1055		

Maritime Education							
Name of school	Country	From	То	Type of degree or diploma			
Azerbaijan State Marine Academy	Azerbaijan	2010	2014	Bachelor			

Physical Data					
Height	172				
Weight	76				
Boilersuit Size	L				
Shoes Size	42				
Blood group	A(II)RH+				

## Seaman's Book & Identify Docs

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

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

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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF	ISSUE	DATE OF EXPIRY	
Seaman Book	Azerbaijan	DQK 019143		19.01.2022	Azerbaijan		19.01.2027	
Certificate of Competency	Azerbaijan	0007861		16.06.2023	Azerbaijan		16.06.2028	
Republic of Azerbaijan	Azerbaijan	C01120690		18.07.2016	Azerbaijan		17.07.2026	
Do you hold a US Vis	sa 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -	
Do you hold a US Visa 'B1/B2'? YES/I			NO	Issue Date:	- Expiry Date:-		Date:-	
Have you been rejected for any visa applied for?				YES/NO	NO			
If YES, please state t	he country and rea	asons		-				

7 Professional Test

<b>Professional Test Date</b>	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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CW Certificates & Trainings						
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry	
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-2805-23	UAG	20.06.2023	26.05.202	
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2805-23	UAG	20.06.2023	26.05.202	
ELEMENTARY FIRST AID	Azerbaijan	SO-2805-23	UAG	20.06.2023	26.05.20	
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2805-23	UAG	20.06.2023	26.05.202	
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2805-23	UAG	20.06.2023	26.05.202	
International Safety Management	Azerbaijan	SP-1890-23	UAG	16.06.2023	09.06.20	
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0291-24	UAG	02.02.2024	01.02.20	
Security Awareness Training For All Seafarers	Azerbaijan	SI-1473-23	UAG	19.05.2023	19.05.20	
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1333-23	UAG	06.06.2023	02.06.20	
1000v	Azerbaijan	DM-0249-23	UAG	13.10.2023	13.10.20	
Leadership & Teamwork	Azerbaijan	DL-0408-23	UAG	23.05.2023	17.05.20	
Advanced Training in Fire Fighting	Azerbaijan	SJ-0746-19	UAG	22.08.2019	22.08.20	
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0500-23	UAG	23.06.2023	20.06.20	
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	SB-0309-23	UAG	20.10.2023	19.10.20	
Advanced training for Chemical tanker argo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan	AS-0126-23	UAG	01.11.2023	01.11.20	
Medical First Aid	Azerbaijan	SN-0633-19	UAG	10.09.2019	10.09.20	
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0301-19	UAG	05.07.20019	05.07.20	

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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

## **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
AB FLOOT	M/V MELIANA	Kazakhst an	Oil Tanker	-	Deutz	1631	-	ETO	28.06.2023	30.09.2023	3 month	End of Contract
RM GROUP	M/V AMUR	Russia	General Cargo	-	69	3086		ETR	01.04.2022	01.04.2023	12 month	End of Contract
			A									

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

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Purifiers and Boilers  Type of Cranes / No of Reefer Containers						
Type of Cranes / No of Reefer Containers	-					
Troolor Comamoro	-					
Other Experience						
-						
Travel Documents						
Name		YES/NO	Country	Date p	of Expire	
Schengen		YES/NO	NO		-	
US China		YES/NO	NO NO		-	
Australia		YES/NO YES/NO	NO		-	
Australia		I LO/INO	140			
Insurance ,Health Related	I Documentation					
Medical Certificate (Fit for D	Outy)			YES/NO	YI	
·		Vaccina	ation			
Yellow Fever				YES/NO	N	
COVID-19				YES/NO	YI	
Medical history						
	ship due to medic	al reasons?		YES/NO	N	
				YES/NO	N	
Have you undergone any o			ess/accident?	YES/NO	N	
Have you undergone any of Have you consulted a doctor	Do you have any health or disability problems now?					
Have you undergone any of Have you consulted a doctor Do you have any health or of the state of	• • • • • • • • • • • • • • • • • • • •	7110111		YES/NO		
Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication	ns regularly?		le and attack a const	YES/NO	N	
Have you undergone any of Have you consulted a doctor Do you have any health or of the state of	ns regularly?		ls and attach a separate	YES/NO	N N	
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	ns regularly?		ls and attach a separate	YES/NO	N	
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 General	ns regularly?  any of the above,	please give full detai	·	YES/NO page if necessary)	N	
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 General Have you ever been the subset of Have you ever been t	ns regularly?  any of the above,	please give full detai	·	YES/NO page if necessary)  YES/N	IO I	
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 General	ns regularly?  any of the above,	please give full detai	·	YES/NO page if necessary)	IO	
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 General Have you ever been the subset of Have you ever been t	ns regularly?  any of the above,    oject of a court of estional license sus	please give full detai	n a maritime accident?	YES/NO page if necessary)  YES/N	10	
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 General Have you ever been the subtract Have you ever had a profession of the subtract of the subtrac	ns regularly?  any of the above,    oject of a court of estional license sus	please give full detai	n a maritime accident?	YES/NO page if necessary)  YES/N	10	

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16	References (Please give the r	name 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

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:	05.03.2024
Signature		

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