

Position



APPLICATION FORM

identity card PIN Number 2RYPABJ

	Position Applied for:				Chief Engineer				
	Date Available from:				-				
2	Personal Information			Ge	nder: Male				
	First Name: JAMSHID		Last Nar	Last Name: HAJIYEV					
	Date of Birth: 10.01.1968	3	Place of B	irth (City and	l Country): Georgi	a, DMANISI			
	Email: haciyevcemsid@g	gmail.com	Mobile N	Number: (+9	94) 55 374 20 27				
	Permanent Address: Bak area, Hovsan street	u city, Surakhani	Expected	Salary Per	Month: -				
	Nationality: Azerbaijan		Alternati	ve rank appl	ying for: -				
	Person to call in emerge	ncy: (+994) -							
3	Family Details: (If Unma	ried kindly give det	tails of Fath	er / Mother)					
	First Name	Last Na	ame Gender		Rela	tion	Contact		
	-	-	-		-		-		
							-		
4	Maritime Education								
	Name of school	Coun	ntry		From	То	Type of degree or diploma		
	-				-	-	-		
				1					
5	Physical Data								
	Height					170			
	Weight								
	Boilersuit Size								
	Shoes Size								

	Seaman's Book & Identify Docs
0	i Seaman's Book & Identity Docs

Blood group

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 018910	17.12.2021	Azerbaijan	17.12.2026

Additional Physical Information: (You can write any other information you want to add about your physique in this field.)

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

A(II)RH+

Certificate of Competency	Azerbaijan	0005832		16.12.2021	Azerbaijan		06.12.2026
Republic of Azerbaijan	Azerbaijan	C0309754		21.02.2020	Azerbaijan		20.02.2030
Seaman Book Flag State	Liberia	1825871		05.07.2023	Liberia		05.07.2028
Seaman Book Flag State	Panama	PA0	286392	19.08.2022	Panama		06.12.2026
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	YES/NO 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	-	-	-

9

STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-2693-21	SMPA	13.10.2021	13.10.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2693-21	SMPA	13.10.2021	13.10.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-2693-21	SMPA	13.10.2021	13.10.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2693-21	SMPA	13.10.2021	13.10.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2693-21	SMPA	13.10.2021	13.10.2026
International Safety Management	Azerbaijan	SP-1846-21	SMPA	06.10.2021	27.09.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1696-21	SMPA	11.10.2021	01.10.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-1209-21	SMPA	08.10.2021	01.09.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0924-21	SMPA	11.10.2021	03.09.2026
Updating	Azerbaijan	XS-0383-21	SMPA	06.12.2021	06.12.2026
Dangerous , hazardous and harmful cargoes	Azerbaijan	SK-0375-21	SMPA	30.09.2021	15.09.2026
Advanced Training in Fire Fighting	Azerbaijan	SJ-0861-21	SMPA	08.10.2021	17.09.2026
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan		SMPA		
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan		SMPA		
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan		SMPA		
Medical First Aid	Azerbaijan	SN-0724-21	SMPA	11.10.2021	31.08.2026
1000v	Azerbaijan	DM-0127-23	SMPA	19.05.2023	19.05.2028
Engine Resource Management	Azerbaijan	ER-0404-21	SMPA	06.10.2021	22.09.2026

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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
SAVANA SHIPPING	M/V CERAMCAN OBA	-	-	5748	MAK	6/90	-	Chief Engineer	29.12.2021	11.04.2022	5 month	End of Contract
SAVANA SHIPPING	M/V CERAMCAN	-	-	5748	MAK	AN	Ō.F	Chief Engineer	12.04.2022	21.05.2022	2 month	End of Contract
FEYZ SHIPPIN COM	M/V SKY TIME	-	-	7850	WARTSILA	-	-	Chief Engineer	10.08.2022	06.02.2023	6 month	End of Contract
STATU SHIPPING	M/V LODESTAR	-	-	1998 8	PIELSTICK	-	-	Chief Engineer	24.06.2023	12.2023	6 month	End of Contract
							Continu					

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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	e 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	
modical continuate (i it ioi b	~· <i>y</i> /	Vaccin	ation	I ES/NO	
Yellow Fever				YES/NO	
COVID-19				YES/NO	,
answer is YES to any of the	above, please give	e full details and at	tach 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	tach a separate page if i	necessary)	
Medical history			tach a separate page if i		
Medical history Have you ever signed off a s	ship due to medica	Il reasons?	tach a separate page if i	YES/NO	
Medical history	ship due to medica	Il reasons?			
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16	References (Please give the r	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	

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

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