



## **APPLICATION FORM**

1	Position	identity card PIN Number 4P2X89A
	Position Applied for:	Rating forming part of an engine-room watch
	Date Available from:	-

First Name: RUSLAN	Last Name: HAJIYEV
Date of Birth: 30.01.2002	Place of Birth (City and Country): Azerbaijan , AGDASH
Email: Gadzhiev.ruslan.2002@gmail.com	Mobile Number: (+994) 77 630 10 03
Permanent Address: Babak settl 64, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for:-

Family Details: (If Ur	nmarried kindly give details of F	ather / Mother)		
First Name	Last Name	Gender	Relation	Contact
Orkhan	Hajiyev	Male	Brother	+994779301003

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Kaspian Education Center	Azerbaijan	07.2023	01.2023	Course

Physical Data	
Height	165
Weight	54
Boilersuit Size	S
Shoes Size	39-40
Blood group	O(I)RH+

Seaman's Book	& Identify Docs				
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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6

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Seaman Book	Azerbaijan	DQK	026972	29.02.2024	Azerba	ijan	28.02.2029
Certificate of Competency	Azerbaijan	RP	14529	21.02.2024	Azerba	ijan	-
Republic of Azerbaijan	Azerbaijan	C03	290273	30.11.2023	Azerba	ijan	29.11.2033
Do you hold a US Visa	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Visa	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 reas	sons		-			

7 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	-	-	-

9

STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-5232-23	SMPA	07.11.2023	03.11.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5232-23	SMPA	07.11.2023	03.11.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5232-23	SMPA	07.11.2023	03.11.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5232-23	SMPA	07.11.2023	03.11.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5232-23	SMPA	07.11.2023	03.11.2028
International Safety Management	Azerbaijan	SP-3596-23	SMPA	07.11.2023	06.11.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3949-23	SMPA	27.10.2023	27.10.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-3300-23	SMPA	20.10.2023	20.1.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2977-23	SMPA	14.11.2023	14.11.2028

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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

## **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
-	-	-	-	-	-	-	-	-	-	-	-	-
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				10//								
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			10									
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						45/4/4						

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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** 

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Purifiers and Boilers  Type of Cranes / No of Reefer Containers					
Type of Cranes / No of Reefer Containers	-				
	-				
Other Experience					
-					
Travel Documents					
Name		YES/NO	Country	Date p	of Expire
Schengen		YES/NO	NO		-
US		YES/NO	NO NO		-
China Australia		YES/NO YES/NO	NO NO		-
Austrana		TES/NO	INO		-
Insurance ,Health Related	I Documentation				
Medical Certificate (Fit for D	Duty)			YES/NO	YE
·		Vaccin	ation	1	
Yellow Fever				YES/NO	N
COVID-19				YES/NO	YI
Medical history					
Have you ever signed off a				YES/NO	N
Have you undergone any o				YES/NO	N
			ess/accident?	YES/NO	N
Have you consulted a doctor		s now?		YES/NO	N
Do you have any health or	ns regularly?			YES/NO	N
Do you have any health or on the property of t					
Do you have any health or	any of the above,	please give full detai	ls and attach a separate	page if necessary)	
Do you have any health or on the property of the answer is YES to a	any of the above,	please give full detai	ls and attach a separate	page if necessary)	
Do you have any health or on Do you take any medication (If the answer is YES to a General					
Do you have any health or on Do you take any medication (If the answer is YES to a General Have you ever been the substitution of the substitution	oject of a court of e	enquiry or involved ir		YES/N	IO
Do you have any health or on Do you take any medication (If the answer is YES to a General	oject of a court of e	enquiry or involved ir			IO
Do you have any health or on Do you take any medication (If the answer is YES to a General Have you ever been the sub-	oject of a court of e	enquiry or involved ir pended or revoked?	n a maritime accident?	YES/N	IO
Do you have any health or on Do you take any medication (If the answer is YES to a General Have you ever been the subtract you ever had a profession of the subtract of the su	oject of a court of e	enquiry or involved ir pended or revoked?	n a maritime accident?	YES/N	IO

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16	References (Please give the	e name and address of your current or immediate p	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:	18.03.2024
Signature		

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