



APPLICATION FORM

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

Personal Information	Gender: Male
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: -
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	
Walling Academy					

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

4

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 Vis	YES/NO 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

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	-	-	-

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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	26.05.202
ERSONAL 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	26.05.20
International Safety Management	Azerbaijan	SP-1890-23	UAG	16.06.2023	09.06.202
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	05.07.202

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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

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	2662	Deutz	1631	-	ETO	28.06.2023	30.09.2023	3 month	End of Contract
ASCO	M/V NARIMAN NARIMANOV	Azerbaija n	Oil Tanker	5387	60	4178		ETO	07.04.2023	09.06.2023	2 month	End of Contract
RM GROUP	M/V AMUR	Russia	General Cargo	3509		3086	-	ETR	01.04.2022	01.04.2023	12 month	End of Contract
					-							
							C.L.					
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Generators				
Purifiers and Boilers	-			
Type of Cranes / No of Reefer Containers	-			
Other Experience				
-				
Travel Documents				
Name	YES/NO	Country	Date p	of Expire
Schengen	YES/NO	NO		-
US China	YES/NO YES/NO	NO NO		-
Australia	YES/NO YES/NO	NO		-
Australia	120/110	110		
Insurance ,Health Related Doo	cumentation			
Medical Certificate (Fit for Duty)			YES/NO	Y
	Vaccin	nation		
Yellow Fever			YES/NO	1 Y
COVID-19			YES/NO	1
e answer is YES to any of the abo	ve, please give full details and a	ttach a separate page if n	ecessary)	
Medical history				
Medical history Have you ever signed off a ship	due to medical reasons?		YES/NO	
Have you ever signed off a ship Have you undergone any operat	ion in the past?		YES/NO YES/NO	
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor dur	ion in the past? ring the last 12 months for an illne	ess/accident?	YES/NO YES/NO	
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab	ion in the past? ring the last 12 months for an illn ility problems now?	ess/accident?	YES/NO YES/NO YES/NO	
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor dur	ion in the past? ring the last 12 months for an illn ility problems now?	ess/accident?	YES/NO YES/NO	
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications reg	ion in the past? ring the last 12 months for an illn ility problems now?		YES/NO YES/NO YES/NO YES/NO	
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications reg	ion in the past? ring the last 12 months for an illn illity problems now? gularly?		YES/NO YES/NO YES/NO YES/NO	1
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications reg	ion in the past? ring the last 12 months for an illn illity problems now? gularly?		YES/NO YES/NO YES/NO YES/NO	1 1
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications reg (If the answer is YES to any of	tion in the past? ring the last 12 months for an illnerill problems now? gularly? of the above, please give full deta	ails and attach a separate	YES/NO YES/NO YES/NO YES/NO	
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications reg (If the answer is YES to any of	cion in the past? ring the last 12 months for an illnerillity problems now? gularly? of the above, please give full deta	nils and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary)	IO
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications reg (If the answer is YES to any of General Have you ever been the subject of Have you ever had a professional	cion in the past? ring the last 12 months for an illnerillity problems now? gularly? of the above, please give full deta	nils and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary)	IO
Have you ever signed off a ship Have you undergone any operat Have you consulted a doctor du Do you have any health or disab Do you take any medications reg (If the answer is YES to any of General Have you ever been the subject of Have you ever had a professional	cion in the past? ring the last 12 months for an illnessility problems now? gularly? of the above, please give full detailed	nils and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary)	IO

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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	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.

Signature

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