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APPLICATION FORM

1	Position	identity card PIN Number 5F69ULZ			
	Position Applied for:	Rating forming part of a navigational watch			
	Date Available from:	27.03.2024			

Personal Information	Gender: Male				
First Name: PARVIN	Last Name: MURADOV				
Date of Birth: 08.01.1991	Place of Birth (City and Country): Azerbaijan, SALYAN				
Email: murvetoglu91@gmail.com	Mobile Number: (+994) 77 366 63 91				
Permanent Address:6/11, Military Town, Alat settl, Garadagh district, Baku, Azerbaijan	Expected Salary Per Month: 1100\$-1200\$				
Nationality: Azerbaijan	Alternative rank applying for: -				
Person to call in emergency: (+994) 70 358 97 73 Brother					

Family Details: (If Unmarried kindly give details of Father / Mother)						
First Name	Last Name	Gender	Relation	Contact		
Elvin	Muradov	Male	Brother	+994 70 358 97 73		

Maritime Education							
Name of school	Country	From	То	Type of degree or diploma			
Caspian Institute of Sea and River Transport	Russia	2022	-	Sub-bachelor			
Azerbaijan State Maritime Course	Azerbaijan	05.2014	12.2014	Course			

Physical Data					
Height	178				
Weight	84				
Boilersuit Size	XL				
Shoes Size	43-44				
Blood group	B(III)RH+				
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}					

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Seaman's Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF	ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 025545		25.10.2023	Azerbaijan		25.10.2028
Certificate of Competency	Azerbaijan	RP07241		13.10.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03172567		17.07.2022	Azerbaijan		16.07.2032
Do you hold a US Vis	a '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 reject	YES/NO	NO					
If YES, please state the	he country and reas	sons		-			

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Professional Test

Professional Test Date	Name of Test	Score
-	-	-

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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-4313-23	UAG	18.08.2023	04.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4313-23	UAG	18.08.2023	04.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4313-23	UAG	18.08.2023	04.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4313-23	UAG	18.08.2023	04.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4313-23	UAG	18.08.2023	04.08.2028
International Safety Management	Azerbaijan	SP-2848-23	UAG	18.08.2023	18.08.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3116-23	UAG	21.08.2023	09.08.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2683-23	UAG	17.08.2023	14.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2213-23	UAG	17.08.2023	14.08.2028

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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
VAN OORD	M/V HAM 1407	Kazakhst an	Pusher Tug	-	-	103	-	II/4	01.06.2017	19.02.2018	8 month	End of Contract
VAN OORD	M/V HAM 311	Kazakhst an	Hopper Dredger	4177	69	3423		II/4	01.03.2018	18.09.2018	6 month	End of Contract
VAN OORD	M/V HAM 1407	Kazakhst an	Pusher Tug	<u>-</u>	7.	103	V-6	II/4	01.10.2018	15.07.2019	9 month	End of Contract
VAN OORD	M/V NOORDZEE	Kazakhst an	Dredger	-		455	-	II/4	27.10.2023	01.12.2023	3 month	End of Contract
VAN OORD	M/V NOORDZEE	Kazakhst an	Dredger	-	-/-	455	-	II/4	23.12.2023	15.03.2024	4 month	End of Contract
							Carlo					
									/AXY			
						4/1/-/	-/-					

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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		-
US		YES/NO	NO		-
China		YES/NO	NO NO		-
Australia		YES/NO	NO		-
Insurance ,Health Related	Documentation				
Medical Certificate (Fit for D	uty)			YES/NO	,
·		Vaccin	ation	. 20/110	1
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	tach a separate page if r	necessary)	
	above, please giv	e full details and at	tach a separate page if r	necessary)	
Medical history			tach a separate page if r		
Medical history Have you ever signed off a s	ship due to medica	Il reasons?	tach a separate page if r	YES/NO	
Medical history	ship due to medica	Il reasons?			
Medical history Have you ever signed off a s Have you undergone any op	ship due to medica eration in the past r during the last 12	Il reasons? ? ? months for an illne		YES/NO YES/NO	
Medical history Have you ever signed off a see Have you undergone any op Have you consulted a doctory	ship due to medica eration in the past r during the last 12 isability problems	Il reasons? ? ? months for an illne		YES/NO YES/NO YES/NO	
Medical history Have you ever signed off a s Have you undergone any op Have you consulted a docto Do you have any health or d	ship due to medica eration in the past r during the last 12 isability problems s regularly?	Il reasons? ? ? months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO YES/NO	
Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do Do you take any medications.	ship due to medica eration in the past r during the last 12 isability problems s regularly?	Il reasons? ? ? months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO YES/NO	
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Medical history Have you ever signed off a see Have you undergone any ope Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subj	ship due to medical teration in the past of during the last 12 isability problems is regularly? In the above, place of the above of th	Il reasons? ? ? months for an illne now? lease give full deta	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	//) //NO
Medical history Have you ever signed off a see Have you undergone any ope Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subj	ship due to medical teration in the past of during the last 12 isability problems is regularly? In the above, place of the above of th	Il reasons? ? ? months for an illne now? lease give full deta	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	//) //NO
Medical history Have you ever signed off a second of the	ship due to medical eration in the past of during the last 12 isability problems is regularly? In the above, proceed of a court of erational license suspense.	Il reasons? ? ? months for an illne now? lease give full deta enduiry or involved in ended or revoked?	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	//) //NO
Medical history Have you ever signed off a self-ave you undergone any open Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subject of t	ship due to medical eration in the past of during the last 12 isability problems is regularly? In the above, proceed of a court of erational license suspense.	Il reasons? ? ? months for an illne now? lease give full deta enduiry or involved in ended or revoked?	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	//) //NO

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References (Please give the name and address of your current or immediate past employer)						
Name of company	1. VAN OORD	2				
Name of person to contact	Igor Khripinov	-				
Address	J.Jabbarli 44, Caspian Plaza	-				
☎ No.	+994 55 243 65 88	-				

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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

Date:

27.03.2024

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