



APPLICATION FORM

1	Position	identity card PIN Number 1BKA6R9
	Position Applied for:	Rating forming part of an engine -room watch
	Date Available from:	-

First Name: SAMIR	Last Name: MAJIDOV
Date of Birth: 10.07.1982	Place of Birth (City and Country): Azerbaijan, BAKU
Email:Samir.majidov.82@mail.ru	Mobile Number: (+994) 70 540 00 82
Permanent Address: 43, Kamran Afkari street, Keshla settl, Nizami district, Baku, Azerbaijan	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			
	Rehime	Majidova	Female	Mother	+994 70 882 65 18			

Maritime Education				
Name of school	Country	From	То	Type of degree or diploma
Kainat Maritime MMC	Azerbaijan	07.2023	02.2024	Course
	·			

Physical Data	
Height	175
Weight	75
Boilersuit Size	M-L
Shoes Size	43
Blood group	AB(IV)RH+

6 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	Y NUMBER		DATE OF ISSUE	PLACE OF I	SSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK	027066	07.03.2024	Azerbai	jan	07.03.2029
Certificate of Competency	Azerbaijan	RP	14581	27.02.2024	Azerbaij	jan	-
Republic of Azerbaijan	Azerbaijan	C038	3946 90	30.01.2023	Azerbaij	jan	29.01.2033
Do you hold a US Vis	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		-			

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	-	-	-

STCW Certificates & Trainings **Training** Date Of **Issued Country** Certificate No. **Date Issued** Courses Center **Expiry** SO-5684-23 **SMPA** 08.12.2023 8.12.2028 PERSONAL SURVIVAL TECHNICS Azerbaijan FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-5684-23 **SMPA** 08.12.2023 8.12.2028 SO-5684-23 SMPA 08.12.2023 8.12.2028 **ELEMENTARY FIRST AID** Azerbaijan Azerbaijan PERSONAL SAFETY & SOCIAL RESPONSIBILITY SO-5684-23 **SMPA** 08.12.2023 8.12.2028 SO-5684-23 **SMPA** 08.12.2023 8.12.2028 SAFETY FAMILIARIZATION TRAINING Azerbaijan Azerbaijan **International Safety Management** SP-3836-23 SMPA 07.12.2023 29.11.2028 Proficiency in Survival Craft & Rescue **SMPA** SL-4481-23 15.12.2023 14.12.2028 Azerbaijan **Boats** Security Awareness Training For All SI-3672-23 SMPA 27.11.2023 24.11.2028 Azerbaijan Seafarers Security Training For Seafarers With SH-3171-23 **SMPA** 06.12.2023 01.12.2028 Azerbaijan **Designated Security Duties**

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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

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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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**

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

Vaccination Yellow Fever COVID-19 YES/NO a answer is YES to any of the above, please give full details and attach a separate page if necessary) Medical history Have you ever signed off a ship due to medical reasons? Have you undergone any operation in the past? Have you consulted a doctor during the last 12 months for an illness/accident? Do you have any health or disability problems now? YES/NO YES/NO YES/NO	Generators						
Other Experience Travel Documents Name YES/NO Country Date pf Expire Schengen YES/NO NO - US YES/NO NO - China YES/NO NO - Australia YES/NO NO - Australia YES/NO NO - Insurance, Health Related Documentation Medical Certificate (Fit for Duty) YES/NO YES/NO NO - Insurance Health Related Documentation Wedical Certificate (Fit for Duty) YES/NO YES/	Purifiers and Boilers	-					
Travel Documents Name YES/NO NO Country Schengen YES/NO NO China YES/NO NO Australia YES/NO NO NO Australia YES/NO NO NO NO NO NO NO NO NO NO	Type of Cranes / No of Reefer Containers	-					
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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

16	References (Please give the na	ame and address of your current or immediate pa	st 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:	01.04.2024

Signature

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