

Provision, Ship Supply



Technical Services

APPLICATION FORM

1	Position	identity card PIN Number 1HW8S7A				
	Position Applied for:	Rating forming part of an engine-room watch				
	Date Available from:	-				

First Name: ILGAR	Last Name: HAJIYEV
Date of Birth: 25.01.1971	Place of Birth (City and Country): Azerbaijan, UJAR
Email: -	Mobile Number: (+994) 50 666 59 72
Permanent Address: Malikballi village,	Expected Salary Per Month:
Ujar district, Azerbaijan	1000\$
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarried kindly give details of Father / Mother)								
	First Name	Last Name	Gender	Relation	Contact				
	Afiga	Hasanova	Female	Wife	+994 50 874 40 54				

Maritime Education								
Name of school	Country	From	То	Type of degree or diploma				
KASPIAN EDUCATION CENTER	Azerbaijan	01.2022	07.2022	Course				

Physical Data	
Height	174
Weight	86
Boilersuit Size	XXL
Shoes Size	42-43
Blood group	B(III)RH+

6	Seaman's Book & Id	lentify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF

DATE OF ISSUE PLACE OF ISSUE EXPIRY Ship Management Yacht Management Sale & Purchasing ISM&ISPS Management Technical Management **Ship Agency Ship Agency** Ship Brokering **Exclusive Cargo Brokering** Bunker Supply Consultations Surveying & Monitoring

New Building & Repair 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

Seaman Book	Azerbaijan	DQK 020157		12.05.2022	Aze	erbaijan	12.05.2027	
Certificate of Competency	Azerbaijan	RP	11568	21.07.2022	Azerbaijan		-	
Republic of Azerbaijan	Azerbaijan	C03171006		10.08.2022	Aze	erbaijan	09.08.2032	
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:-		Date:-		
Have you been rejecte	ed for any visa ap	plied for?	YES/NO	NO	•			
If YES, please state the	ne country and rea	asons	-					

7 Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8 License

9

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** PERSONAL SURVIVAL TECHNICS Azerbaijan SO-1596-22 SMPA 18.04.2022 14.04.2027 FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-1596-22 **SMPA** 18.04.2022 14.04.2027 ELEMENTARY FIRST AID SO-1596-22 **SMPA** 18.04.2022 14.04.2027 Azerbaijan PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-1596-22 **SMPA** 18.04.2022 14.04.2027 SAFETY FAMILIARIZATION TRAINING Azerbaijan SO-1596-22 **SMPA** 18.04.2022 14.04.2027 **International Safety Management** Azerbaijan SP-1089-22 **SMPA** 21.04.2022 21.04.2027 Proficiency in Survival Craft & Rescue SMPA SL-0885-22 18.04.2022 18.04.2027 Azerbaijan **Boats** Security Awareness Training For All SI-0787-22 SMPA 19.04.2022 19.04.2027 Azerbaijan Seafarers Security Training For Seafarers With SH-0637-22 SMPA 25.04.2022 25.04.2027 Azerbaijan **Designated Security Duties**

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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
MONOLIT LTD	M/V BAB DAG	Azerbaija n	Oil Tanker	1131	-	<u>-</u>	-	Motorman	09.04.2022	02.07.2022	4 month s	End of Contract
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			A									
							A10					
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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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Generators						
Purifiers and Boilers	-					
Type of Cranes / No of Reefer Containers	-					
Other Experience						
-						
Travel Documents						
Name		YES/NO	Country		Date p	f 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				Y	'ES/NO	
·	•	Vaccin	ation	'		
Yellow Fever				Y	'ES/NO	
covidence covide	above, please giv	e full details and at	ttach a separate page if		YES/NO	
	above, please giv	e full details and at	ttach a separate page if			
answer is YES to any of the	above, please giv	e full details and at	ttach a separate page if			
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Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services 16 References (Please give the name and address of your current or immediate past employer)

	,	, ,
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.

19.04.2024 Date:

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