



APPLICATION FORM

1	Position	identity card PIN Number 5XZBWE2
	Position Applied for:	Electro-Technical Officer
	Date Available from:	-

Personal Information	Gender: Male
First Name: ALI	Last Name: NAGIYEV
Date of Birth: 03.05.1995	Place of Birth (City and Country): Azerbaijan , GOBUSTAN
Email: <u>ali.nagiyev.1995@mail.ru</u>	Mobile Number: (+994) 51 967 81 21; (+994) 12 347 72 43
Permanent Address: Gobustan district, 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									
	Elnur	Nagiyev	Male	Brother	+994 55 697 99 31					

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Azerbaijan State Marine Academy	Azerbaijan	2014	2018	Bachelor

5 Physical Data						
Height	172					
Weight	68					
Boilersuit Size	M					
Shoes Size	40					
Blood group	O(I)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

Ship Management ISM&ISPS Management Ship Agency Consultations

Yacht Management Technical Management Ship Brokering Surveying & Monitoring Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

Provision, Ship Supply

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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK	01506	01.01.2019	Azerbaijan		01.10.2024
Certificate of Competency	Azerbaijan	000)7536	25.07.2022	Azerbaijan		25.07.2027
Republic of Azerbaijan	Azerbaijan	C02130736		16.08.2018	Azerbaijan		15.08.2028
Do you hold a US Vis	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Visa 'B1/B2'?		YES/NO NO		Issue Date:	- Expiry		Date:-
Have you been rejected for any visa applied for?				YES/NO	NO		
If YES, please state the	-						

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

License

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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-2047-19 **SMPA** 23.08.2019 23.08.2024 PERSONAL SURVIVAL TECHNICS Azerbaijan FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-2047-19 **SMPA** 23.08.2019 23.08.2024 SO-2047-19 **ELEMENTARY FIRST AID** SMPA 23.08.2019 23.08.2024 Azerbaijan PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-2047-19 SMPA 23.08.2019 23.08.2024 SO-2047-19 **SMPA** 23.08.2019 23.08.2024 SAFETY FAMILIARIZATION TRAINING Azerbaijan **International Safety Management** Azerbaijan SP-1149-19 SMPA 01.08.2019 31.07.2024 Proficiency in Survival Craft & Rescue **SMPA** SL-1014-19 09.08.2019 09.08.2024 Azerbaijan **Boats** Security Awareness Training For All SI-1989-19 SMPA 16.08.2019 15.08.2024 Azerbaijan Seafarers Security Training For Seafarers With **SMPA** SH-1069-22 03.06.2022 03.06.2027 Azerbaijan **Designated Security Duties** DM-0014-20 **SMPA** 08.05.2020 19.03.2025 Azerbaijan 1000 voltage Leadership & Teamwork Azerbaijan DL-0795-22 **SMPA** 18.05.2022 18.05.2027 SJ-0651-22 Azerbaijan **SMPA** 24.05.2027 **Advanced Training in Fire Fighting** 24.05.2022 **Crowd Management training** Azerbaijan SC-0133-19 **SMPA** 29.08.2019 29.08.2024 Crisis management and human **SMPA** SE-0073-20 13.03.2020 13.03.2025 Azerbaijan behaviour training Basic Training and qualifications on oil SA-0314-19 SMPA 10.09.2019 10.09.2024 Azerbaijan and chemical tanker cargo operations SN-0398-22 SMPA 22.04.2022 22.04.2027 **Medical First Aid** Azerbaijan

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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**

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
ASCO	M/V SHAHDAG	Azerbaija n	Ro-Ro Cargo Ship	5991	Man	8547		Electro- Technical Rating	03.10.2019	10.02.2020	4 month	End of Contract
ASCO	M/V ZARIFA ALIYEVA	Azerbaija n	Ro-Ro Cargo Ship	5878	Man	8523	C E	Electro- Technical Rating	14.07.2020	16.10.2020	3 month	End of Contract
ASCO	M/V ZARIFA ALIYEVA	Azerbaija n	Ro-Ro Cargo Ship	5878	Man	8523		Electro- Technical Rating	06.01.2021	02.03.2021	2 month	End of Contract
ASCO	M/V NAKHCIVAN	Azerbaija n	Ro-Ro Cargo Ship	5985	Man	8547	-	Electro- Technical Rating	02.03.2021	10.04.2021	1 month	End of Contract
ASCO	NEPTUN	Azerbaija n	Floating Shipyard	-		-		Electro- Technical Officer	09.03.2023	07.05.2024	2 month	End of Contract
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11	For Engineers (Please prov	ide details)
		-
	Generators	
	Purifiers and Boilers	-
	Type of Cranes / No of Reefer Containers	-

Other Experience

English Language: Middle

Travel Documents 12

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	NO	-
US	YES/NO	NO	-
China	YES/NO	NO	-
Australia	YES/NO	NO	-

13 Insurance ,Health Related Documentation

Medical Certificate (Fit for Duty)	YES/NO	YES
Vaccination		
Yellow Fever	YES/NO	NO
COVID-19	YES/NO	YES

(If the 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?	YES/NO	NO
Have you undergone any operation in the past?	YES/NO	NO
Have you consulted a doctor during the last 12 months for an illness/accident?	YES/NO	NO
Do you have any health or disability problems now?	YES/NO	NO
Do you take any medications regularly?	YES/NO	NO

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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General		
Have you ever been the subject of a court of enquiry or involved in a maritime accident?	YES/NO	NO
Have you ever had a professional license suspended or revoked?	YES/NO	NO

(If YES, please give full details and attach a separate page if necessary)

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16	References (Please give the name and address of your current or immediate past employer)		
	Name of company	1	2

Name of company	1	2
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

17 Declaration			
	17	ı	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:	07.05.2024

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