



APPLICATION FORM

1	Position	identity card PIN Number 17DU0DM
	Position Applied for:	Rating forming part of an engine -room watch
	Date Available from:	-

Personal Information	Gender: Male
First Name: ILHAM	Last Name: MAMMADOV
Date of Birth: 07.02.1982	Place of Birth (City and Country): Azerbaijan , BAKU
Email:-	Mobile Number: (+994) 55 514 96 59
Permanent Address: 56/3, Isakh Jafarov	Expected Salary Per Month:
street, Ganja district, Azerbaijan	850\$-1200\$
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarri	ed kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Farida	Mammadova	Female	Mother	+994 55 658 36 62

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	IST Service	Azerbaijan	07.2023	01.2024	Course

173
75-80
XL
42
A(II)RH+
(

Seaman's Book & Id	lentify Docs				
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 027545	09.04.2024	Azerbaijan	09.04.2029

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

6

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

Certificate of Competency	Azerbaijan	RP	14768	15.03.2024	Azerba	ijan	-
Republic of Azerbaijan	Azerbaijan	C03	666413	08.05.2024	Azerba	ijan	07.05.2034
Do you hold a US Vis	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	a 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry	Date:-
Have you been reject	ed for any visa app	lied for?		YES/NO	NO	•	
If YES, please state t	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	-	-	-

9

STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-5518-23	SMPA	27.11.2023	24.11.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5518-23	SMPA	27.11.2023	24.11.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5518-23	SMPA	27.11.2023	24.11.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5518-23	SMPA	27.11.2023	24.11.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5518-23	SMPA	27.11.2023	24.11.2028
International Safety Management	Azerbaijan	SP-3898-23	SMPA	07.12.2023	05.12.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4213-23	SMPA	30.11.2023	30.11.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-3354-23	SMPA	25.10.2023	25.10.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3241-23	SMPA	07.12.2023	07.12.2028

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

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
-	-	-	-	-	-	-	-	-	-	-	-	-
						0.81						
			<u> </u>									
									\			
					\rightarrow							
					$\overline{}$				-			
									/			

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

Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
Travel Documents		VECALO	Countries	B :	
Name Schengen		YES/NO YES/NO	Country NO	Date	e pf Expire
US		YES/NO	NO		_
China		YES/NO	NO		-
Australia		YES/NO	NO		-
Insurance ,Health Related	Documentation				
Medical Certificate (Fit for D				YES/NO	
·	~· <i>J</i> /	Vaccin	ation	I ES/INO	
Yellow Fever		· · · · · · · · · · · · · · · · · · ·		YES/NO	
COVID-19		·		YES/NO	,
answer is YES to any of the	above, please giv	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	ıl reasons?	itach a separate page if r	YES/NO	
Medical history Have you ever signed off a s Have you undergone any op	ship due to medica	ıl reasons?		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 peration in the past r during the last 12	al 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	ship due to medica peration in the past r during the last 12 isability problems	al reasons? :? ? months for an illne		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 peration in the past r during the last 12 lisability problems s regularly?	Il reasons? ?? 2 months for an illne now?	ess/accident?	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 peration in the past r during the last 12 lisability problems s regularly?	Il reasons? ?? 2 months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO	
Medical history Have you ever signed off a see Have 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	ship due to medica peration in the past r during the last 12 lisability problems s regularly? ny of the above, p	al reasons? ? ? months for an illne now? lease give full deta	ess/accident? ils and attach a separate	YES/NO YES/NO YES/NO YES/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 medica peration in the past of during the last 12 disability problems of regularly? In of the above, p	al 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	y)
Medical history Have you ever signed off a see Have 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	ship due to medica peration in the past of during the last 12 disability problems of regularly? In of the above, p	al 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	y)
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 to the subject of t	ship due to medical peration in the past of during the last 12 disability problems is regularly? In the above, proceed of a court of expensional license susp	Il reasons? ?? ? months for an illne now? lease give full deta nquiry 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	y)
Medical history Have you ever signed off a selection of the subject of the subje	ship due to medical peration in the past of during the last 12 disability problems is regularly? In the above, proceed of a court of expensional license susp	Il reasons? ?? ? months for an illne now? lease give full deta nquiry 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	y)

Ship Management ISM&ISPS Management Ship Agency Consultations
Provision, Ship Supply

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

16	References (Please give the r	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

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:	13.05.2024

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**