

5



## **APPLICATION FORM**

1	Position	identity card PIN Number 60J7FA2
	Position Applied for:	Electro -Technical Officer
	Date Available from:	-
2	Personal Information	Gender: Male

Personal Information	Gender: Male
First Name: ALI	Last Name: JANIYEV
Date of Birth: 31.07.1995	Place of Birth (City and Country): Azerbaijan, NEFTCHALA
Email: elicaniyev@gmail.com	Mobile Number: (+994) 77 600 50 05
Permanent Address: Birinji Garali village, Neftchala district, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 5154848	349 Brother in law

3	Family Details: (If Unmarrie	ed kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Hidayat	Janiyev	Male	Brother -in law	+994 51 5484849

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Azerbaijan State Marine Academy	Azerbaijan	2013	2017	Bachelor

Physical Data	
Height	174
Weight	70
Boilersuit Size	XL
Shoes Size	43
Blood group	O(I)RH+

	Additional Physical	Information:{You	can write any other informa	ation you want to add	l about your physique i	n this field.}
6	Seaman`s Book & Id	entify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

Ship ManagementYacht ManagementSale & PurchasingISM&ISPS ManagementTechnical ManagementShip AgencyShip AgencyShip BrokeringExclusive Cargo BrokeringConsultationsSurveying & MonitoringBunker SupplyProvision, Ship SupplyNew Building & RepairTechnical 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

Seaman Book	Azerbaijan	DQK	019397	03.03.2022	Aze	erbaijan	03.03.2027
Certificate of Competency	Azerbaijan	000	07370	25.02.2022	Aze	erbaijan	25.02.2027
Republic of Azerbaijan	Azerbaijan	C04	070329	03.03.2022	Aze	erbaijan	02.03.2032
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 ap	plied for?		YES/NO	NO		
If YES, please state th	ne country and rea	asons		-			

**Professional Test** 

Professional Test Date	Name of Test	Score
-	-	-

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-0217-22 SMPA 25.01.2022 25.01.2027 **FIRE PREVENTION & FIRE FIGHTING** Azerbaijan SO-0217-22 **SMPA** 25.01.2022 25.01.2027 SO-0217-22 **SMPA** ELEMENTARY FIRST AID Azerbaijan 25.01.2022 25.01.2027 PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-0217-22 **SMPA** 25.01.2022 25.01.2027 25.01.2022 25.01.2027 SAFETY FAMILIARIZATION TRAINING SO-0217-22 **SMPA** Azerbaijan **International Safety Management** Azerbaijan SP-0389-22 **SMPA** 11.02.2022 09.03.2027 Proficiency in Survival Craft & Rescue **SMPA** SL-0282-22 08.02.2022 04.02.2027 Azerbaijan **Boats** Security Awareness Training For All SI-0560-22 SMPA 17.03.2022 26.01.2027 Azerbaijan Seafarers Security Training For Seafarers With SH-0132-21 SMPA 05.03.2021 04.03.2026 Azerbaijan **Designated Security Duties** Azerbaijan SN-0448-21 SMPA 11.06.2021 11.06.2026 **Medical First Aid** SMPA Azerbaijan DL-0065-20 19.06.2020 19.06.2025 Leadership & Teamwork Advanced Training in Fire Fighting SJ-0203-21 SMPA 12.03.2026 Azerbaijan 12.03.2021 Basic training and qualifications on oil SA-0102-23 **SMPA** 14.02.2023 10.02.2028 Azerbaijan

Azerbaijan

DPM0041/41

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

and chemical tanker cargo operations:

Maintenance of the DP Systems

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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Email: crewing@unitedalliancegroup.com

ASCO

17.06.2023

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
XDND	M/V EHRAM XALIQOV	Azerbaijan	Offshore Tug	1329	-	2737	-	Electro Technical Rating	16.03.2019	04.02.2021	11 month	End of Contract
XDND	M/V GEOFIZIK-1	Azerbaijan	Offshore Tug	366		733	-	Electro Technical Rating	15.02.2021	15.05.2021	3 month	End of Contract
XDND	M/V EHRAM XALIQOV	Azerbaijan	Offshore Tug	1329		2737	-	Electro Technical Rating	15.06.2021	31.02.2022	8 month	End of Contract
XDND	M/V TURKAN	Azerbaijan	Offshore Tug	1831		1763	-	Electro Technical Rating	15.02.2022	31.10.2022	8 month	End of Contract
SAMAYA CO LTD	M/V VICTORIA	Azerbaijan	Tanker	3100	-	2863	-	Electro Technical Officer	02.11.2022	01.11.2023	12 month	End of Contract
XDND	M/V SURAKHANI	Azerbaijan	Tanker	3100	-	2863	-	Electro Technical Officer	01.11.2023	-	-	On Board
SAMAYA CO LT D	M/V INEMA	Azerbaijan	Tanker	3100	17	2863	4	Electro Technical Officer	01.02.2021	-	-	On Board
						JA						
						7././						

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11	For Engineers	(Please provide details)	3)	
	Generators	-		
	Purifiers and Boi	lers		

Type of Cranes / No of Reefer Containers

12 Other Experience

Russian Language : Good English Language : Poor Turkish Language : Good

12 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	-

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)

14 Medical history

moderal filotory			
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)

15

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)

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	ast employer)
	Name of same	1	2
	Name of company	-	Z.=

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

17 Declaration		
	1/	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:	14.05.2024

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