



APPLICATION FORM

1	Position identity card PIN Number 15XP1ZM				
	Position Applied for:				Able Seafarer Deck
	Date Available from:				-

2	Personal Information Gender: Male				
	First Name: JALAL		Last Name: BABAYEV		
	Date of Birth: 25.02.1983		Place of Birth (City and Country): Azerbaijan , LANKARAN		
	Email: celalbabayev78@gmail.com		Mobile Number: (+994) 55 246 69 79		
	Permanent Address: Veravul village , Lankaran District, Azerbaijan		Expected Salary Per Month: -		
	Nationality: Azerbaijan		Alternative rank applying for: Fitter		
	Person to call in emergency: (+994) 77 565 21 10 Son				

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Raul	Babazada	Male	Son	+994 77 565 21 10

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	Kainat Maritime MMC	Azerbaijan	2017	2018	Course

5	Physical Data				
	Height	173			
	Weight	73			
	Boilersuit Size	M			
	Shoes Size	42			
	Blood group	B(III)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
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	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 027896		03.05.2024	Azerbaijan		03.05.2029
Certificate of Competency	Azerbaijan	RP09319		03.12.2018	Azerbaijan		03.12.2028
Republic of Azerbaijan	Azerbaijan	C03414341		02.10.2021	Azerbaijan		01.10.2031
Do you hold a US Visa '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 country and reasons				-			

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Professional Test

Professional Test Date	Name of Test	Score
-	-	-

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License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

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STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-1374-24	SMPA	19.04.2024	19.04.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1374-24	SMPA	19.04.2024	19.04.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-1374-24	SMPA	19.04.2024	19.04.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1374-24	SMPA	19.04.2024	19.04.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1374-24	SMPA	19.04.2024	19.04.2029
International Safety Management	Azerbaijan	SP-1035-24	SMPA	15.04.2024	15.04.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1240-24	SMPA	28.04.2024	25.04.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-1784-24	SMPA	01.05.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1465-24	SMPA	13.05.2024	Unlimited
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0126-22	SMPA	29.03.2022	29.03.2027

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Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chamanzadehli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenzemeril 119c, Afen Plaza Business Center 5nd floor, apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

11 For Engineers (Please provide details)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12 Other Experience

Russian Language : Good
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

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)

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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.	-	-

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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: 22.05.2024

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