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## **APPLICATION FORM**

1	Position	identity card PIN Number 63CHVLR				
	Position Applied for:	Electro-Technical Officer				
	Date Available from:	-				

First Name: JAVANSHIR	Last Name: HAJIURADOV
Date of Birth: 27.12.1996	Place of Birth (City and Country): Azerbaijan, KHACMAZ
Email: cavansirhacimuradov@gmail.com	Mobile Number: (+994) 55 882 38 78 ; (+994) 55 845 29 21
Permanent Address: Istisu village, Khacmaz district , Azerbaijan	Expected Salary Per Month: 3000\$-4000\$
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarried kindly give details of Father / Mother)											
	First Name Last Name Gender Relation Contact											
	Aghakharim	Hajimuradov	Male	Father	+994553599233							
	Ruslan	Hajimuradov	Male	Brother	+994704945904							

Maritime Education								
Name of school	Country	From	То	Type of degree or diploma				
Azerbaijan State Marine Academy	Azerbaijan	2017	2021	Bachelor				

Physical Data	
Height	174
Weight	64
Boilersuit Size	M
Shoes Size	41
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 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 O	F ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK	019767	13.04.2022	Azerl	oaijan	13.04.2027
Certificate of Competency	Azerbaijan	000	08167	25.04.2024	Azerbaijan		25.04.2029
Republic of Azerbaijan	Azerbaijan	C02	950081	31.08.2020	Azerbaijan		30.06.2030
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 country and reasons				-			

7 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-0160-22 **SMPA** 24.01.2022 24.01.2027 PERSONAL SURVIVAL TECHNICS Azerbaijan FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-0160-22 **SMPA** 24.01.2022 24.01.2027 SO-0160-22 SMPA 24.01.2022 24.01.2027 **ELEMENTARY FIRST AID** Azerbaijan Azerbaijan PERSONAL SAFETY & SOCIAL RESPONSIBILITY SO-0160-22 **SMPA** 24.01.2022 24.01.2027 SO-0160-22 **SMPA** 24.01.2022 24.01.2027 SAFETY FAMILIARIZATION TRAINING Azerbaijan **International Safety Management** Azerbaijan SP-0135-22 SMPA 26.01.2022 26.01.2027 Proficiency in Survival Craft & Rescue **SMPA** SL-0222-22 31.01.2022 31.01.2027 Azerbaijan **Boats** Security Awareness Training For All SI-0072-22 SMPA 21.01.2022 21.01.2027 Azerbaijan Seafarers Security Training For Seafarers With **SMPA** SH-0093-22 28.01.2022 27.01.2027 Azerbaijan **Designated Security Duties** Azerba<u>ija</u>n DM-0089-24 **SMPA** 17.05.2024 17.05.2029 1000v Leadership & Teamwork Azerbaijan DL-0160-24 **SMPA** 07.03.2024 07.03.2029 **SMPA** 06.02.2029 **Advanced Training in Fire Fighting** Azerbaijan SJ-0115-24 06.02.2024 **Medical First Aid** Azerbaijan SN-0162-24 **SMPA** 20.02.2024 19.02.2029

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
ASCO	M/V ISRAFIL HUSEYNOV	Azerbaijan	Pipe Layer	7211	Wartsila	17592	-	Electro-Technical Rating	15.05.2019	20.11.2019	6 months 5 days	End of Contract
ASCO	M/V SABIT ORUJOV	Azerbaijan	Passenge r Ship	549	Wartsila	2621	Ċ,	Electro-Technical Rating	20.06.2020	15.02.2021	7 months 26 days	End of Contract
CUNDA SHIPPING	M/V ALEXANDRA 1	Panama	Dry Cargo Ship	6005	Diesel	4949	-	Electro-Technical Officer	06.03.2022	26.12.2022	9 months 20 days	End of Contract
CUNDA SHIPPING	M/V RIVER RAIN	Panama	Dry Cargo Ship	3709	Diesel	2963	-	Electro-Technical Officer	17.03.2023	13.12.2023	8 months 26 days	End of Contract
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						9/6/						

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11	For Engineers (Please prov	ide details)
		-
	Generators	
	Purifiers and Boilers	-

Type of Cranes / No of Reefer Containers

12 Other Experience

Russian Language: Middle Turkish Language: Middle English Language: Middle

12 Travel Documents

Travel Bootimento							
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

mountain motory		
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?		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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16	References (Please give the name and address of your current or immediate past employer)

Name of company	1.CUNDA SHIPPING LTD	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.

	Date:	13.06.2024
Signature		

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