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## APPLICATION FORM

1	Position	identity card PIN Number 23WM549
	Position Applied for:	Rating forming part of an engine-room watch
	Date Available from:	-

**Personal Information** Gender: Male First Name: ORKHAN Last Name: GULIYEV Date of Birth: 26.03.1987 Place of Birth (City and Country): Azerbaijan ,LANKARAN Mobile Number: (+994) 50 577 86 88 Email:-Permanent Address: Lankaran district, Expected Salary Per Month: -Azerbaijan Nationality: Azerbaijan Alternative rank applying for: Oiler Person to call in emergency: (+994) 50 341 11 99 Father

3	Family Details: (If Unmarried kindly give details of Father / Mother)							
	First Name	Last Name	Gender	Relation	Contact			
	Ziyafat	Guliyev	Male	Father	+994 50 341 11 99			

**Maritime Education** Type of degree or Name of school **Country** From To diploma 07.2022 12.2022 Kaspian Education Azerbaijan Course Center

**Physical Data** 5 Height 166 75 Weight S **Boilersuit Size** 41 Shoes Size O(I)RH+ Blood group Additional Physical Information: (You can write any other information you want to add about your physique in this field.)

6	Seaman's Book & Id	lentify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF

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

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

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**EXPIRY** 

Seaman Book	Azerbaijan	DQK 022908		07.03.2023	Azer	baijan	07.03.2028
Certificate of Competency	Azerbaijan	RP12536		24.02.2023	Azer	baijan	-
Republic of Azerbaijan	Azerbaijan	C03158468		16.05.2023	Azer	baijan	15.05.2033
Seaman Book Flag State	Panama	PA0486038		19.09.2023	Par	ama	01.08.2028
Do you hold a US Visa	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Visa	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				-			

**Professional Test** 

<b>Professional Test Date</b>	Name of Test	Score
-	-	-

8 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 TECHNICS	Azerbaijan	SO-4308-22	SMPA	21.09.2022	21.09.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4308-22	SMPA	21.09.2022	21.09.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-4308-22	SMPA	21.09.2022	21.09.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4308-22	SMPA	21.09.2022	21.09.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4308-22	SMPA	21.09.2022	21.09.2027
International Safety Management	Azerbaijan	SP-2894-22	SMPA	28.09.2022	28.09.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2975-22	SMPA	25.09.2022	26.09.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-2314-22	SMPA	22.09.2022	22.09.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2002-22	SMPA	05.10.2022	05.10.2027

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## **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
GN GROUP	M/V RHONE RIVER	Panama	General Cargo Ship	6354	Wartsila	4922		Oiler	31.07.2023	10.05.2024	9 months 10 days	End of Contract
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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

11	For Engineers (Please provide details)				
	Company	-			
	Generators Purifiers and Boilers				
	Type of Cranes / No of				

**Other Experience** 

Reefer Containers

Azerbaijan Language: Excellent Turkish Language: Good

## **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	-

## Insurance ,Health Related Documentation 13

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

induital 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?	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.GN GROUP	2		
Name of person to contact	Ali Aliyev	-		
Address	Istanbul/Kadikoy	-		
☎ No.	+90 546679 62 52	-		

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:	24.06.2024	
Signature	•		

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