



# **APPLICATION FORM**

1	Position	identity card PIN Number 1DN4LTJ					
	Position Applied for:	Officer in charge of an engineering watch					
	Date Available from:	-					

First Name: ZAMIG	Last Name: AKBAROV
Date of Birth: 25.12.1985	Place of Birth (City and Country): Azerbaijan, ASTARA
Email:zamiq8065@gmail.com	Mobile Number: (+994) 50 634 59 24
Permanent Address: Astara district, Azerbaijan	Expected Salary Per Month:
Nationality: Azerbaijan	Alternative rank applying for:  3 <sup>RD</sup> ENG

3	Family Details: (If Unmarried kindly give details of Father / Mother)								
	First Name	Last Name	Gender	Relation	Contact				
	Rahid	Akbarov	Male	Brother	+994 50 584 98 85				

4	Maritime Education							
	Name of school	Country	From	То	Type of degree or diploma			
	BQUBT	Astrakhan	2018	2022	Bachelor			

Physical Data				
Height	192			
Weight	85			
Boilersuit Size	3XL			
Shoes Size	45			
Blood group	A(II)RH+			
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}				

Seaman's Book & Identify Docs								
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY			
Seaman Book	Azerbaijan	DQK 028665	26.06.2024	Azerbaijan	26.06.2029			

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5

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	000327/23		03.04.2023	Azerba	ijan	03.04.2028
Republic of Azerbaijan	Azerbaijan	C00575852		05.06.2015	Azerbaijan		04.06.2025
Do you hold a US Vis	Do you hold a US Visa 'C1/D'?			Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	YES/NO	NO	Issue Date:	- Expiry Da		Date:-	
Have you been reject	ed for any visa app		YES/NO	NO			
If YES, please state the	he country and reas		-				

**Professional Test** 

Professional Test Date	Name of Test	Score
-	-	-

License

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

9

8

STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-4076-23	SMPA	07.08.2023	02.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4076-23	SMPA	07.08.2023	02.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4076-23	SMPA	07.08.2023	02.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4076-23	SMPA	07.08.2023	02.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4076-23	SMPA	07.08.2023	02.08.2028
International Safety Management	Azerbaijan	SP-2724-23	SMPA	10.08.2023	10.08.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2937-23	SMPA	09.08.2023	09.08.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2376-23	SMPA	03.08.2023	03.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2189-22	SMPA	28.10.2022	21.10.2027
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0732-22	SMPA	09.12.2022	09.12.2027
Leadership & Teamwork	Azerbaijan	DL-1700-22	SMPA	04.11.2022	04.11.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-1527-22	SMPA	21.10.2022	21.10.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0659-23	SMPA	11.08.2022	11.08.2028
Eugenie-room resource management	Azerbaijan	ER-0595-22	SMPA	11.10.2022	11.10.2027
Crisis management and human behaviour training	Azerbaijan	SE-0129-22	SMPA	25.10.2022	01.10.2027
Medical First Aid	Azerbaijan	SN-1373-22	SMPA	20.10.2022	14.10.2027

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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
BUDA MARINA SHIPPING	M/V BUNDU	Panama	Bulk Carrier	16765	Man	9872	-	3 <sup>RD</sup> Engineer	22.11.2022	10.04.2023	5 months	End of Contract
ASCO	M/V KHOJAVAND	Azerbaija n	Tanker	7950	Wartsila	5143	-	3 <sup>RD</sup> Engineer	10.02.2024	15.06.2024	4 month	End of Contract
ASCO	M/V KHOJAVAND	Azerbaija n	Tanker	7950	Wartsila	5143	-	3 <sup>RD</sup> Engineer	25.04.2023	28.07.2023	4 month	End of Contract
GANT SHIPPING	M/V FISHER	Liberia	General Cargo Ship	12974	Man	7918	-	3 <sup>RD</sup> Engineer	31.08.2023	04.01.2024	4 month 5 days	End of Contract
							Verifica III					
									ANY			
			\									
									2/			

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11	For Engineers	(Please provide details)

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

## **Other Experience**

Azerbaijan Language : Excellent Turkish Language; Excellent Russian Language: Good English Language: Middle Level

#### 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	-

#### Insurance ,Health Related Documentation 13

Medical Certificate (Fit for Duty)		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

modern motory		
Have you ever signed off a ship due to medical reasons?	YES/NO	NO
Have you undergone any operation in the past?		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?		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 fiame and address of your current of infinediate past employer)			
Name of company	1.ASCO	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.

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08.07.2024

Date: