



APPLICATION FORM

1	Position	identity card PIN Number 6HE4G10
	Position Applied for:	Rating forming part of an engine-room watch
	Date Available from:	-

Personal Information	Gender: Male
First Name: TOHID	Last Name: ISMAYILOV
Date of Birth: 04.12.1998	Place of Birth (City and Country): Azerbaijan, JALILABAD
Email: <u>ismayilovtohid91@gmail.com</u>	Mobile Number: (+994) 70 333 08 18
Permanent Address: 01, G.Ismayilov street, Jalilabad district, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarried kindly give details of Father / Mother)										
	First Name Last Name Gender Relation Contact										
	Arzu	Ismayilov	Male	Father	+994707817091						

Maritime Education								
Name of school	Country	From	То	Type of degree or diploma				
Kainat Maritime MMC	Azerbaijan	10.2023	06.2024	Course				

Height	171
Weight	81
Boilersuit Size	M
Shoes Size	41
Blood group	AB(VI)RH+

Seaman's Book & Identify Docs

4

5

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	028852	09.07.2024	Aze	rbaijan	09.07.2029
Certificate of Competency	Azerbaijan	RP15355		01.07.2024	Aze	rbaijan	-
Republic of Azerbaijan	Azerbaijan	C03	220034	07.02.2020	Azerbaijan		06.02.2030
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
-	-	-

8 License

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** Azerbaijan SO-1763-24 **SMPA** 10.05.2024 06.05.2029 PERSONAL SURVIVAL TECHNICS FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-1763-24 **SMPA** 10.05.2024 06.05.2029 SO-1763-24 SMPA 10.05.2024 06.05.2029 **ELEMENTARY FIRST AID** Azerbaijan Azerbaijan PERSONAL SAFETY & SOCIAL RESPONSIBILITY SO-1763-24 SMPA 10.05.2024 06.05.2029 06.05.2029 SO-1763-24 **SMPA** 10.05.2024 SAFETY FAMILIARIZATION TRAINING Azerbaijan Azerbaijan **International Safety Management** SP-1591-24 SMPA 20.05.2024 17.05.2029 Proficiency in Survival Craft & Rescue 13.05.2029 **SMPA** SL-1545-24 13.05.2024 Azerbaijan **Boats** Security Awareness Training For All SI-1918-24 SMPA 10.05.2024 Unlimited Azerbaijan Seafarers

Azerbaijan

SH-1615-24

SMPA

23.05.2024

Unlimited

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Security Training For Seafarers With

Designated Security Duties

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	TE U	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
KAINAT MARITIME MMC	M/V SVETLAMOR- 2	Azerbaijan	Supply Ship	1000	-	1695	-	Probationer/Motorman	15.01.2024	15.04.2024	3 months	End of Contract

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

Other Experience

Type of Cranes / No of Reefer Containers

Turkish Language: Good Azerbaijan Language : Excellent

Travel Documents 12

Traver 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)

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	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.

Signature

19.07.2024 Date: