



APPLICATION FORM

1

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| Position | identity card PIN Number 7D7Y5S8 |
| Position Applied for: | Electro Technical Rating |
| Date Available from: | 01.03.2024 |

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| Personal Information | | Gender: Male |
| First Name: IBRAHIM | Last Name: MUSTAFAYEV | |
| Date of Birth: 30.04.2001 | Place of Birth (City and Country): Azerbaijan, JALILABAD | |
| Email: mustafayeff.ib@gmail.com | Mobile Number: (+994) 50 662 98 01 | |
| Permanent Address: Ojaghli village, Jalilabad, Azerbaijan | Expected Salary Per Month: | |
| Nationality: Azerbaijan | Alternative rank applying for: - | |
| Person to call in emergency: (+994) 50 535 13 09 Father | | |

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|--|------------------|---------------|-----------------|-------------------|
| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
| First Name | Last Name | Gender | Relation | Contact |
| Samaddin | Musrafayev | Male | Father | +994 50 535 13 09 |
| | | | | |

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|---------------------------------|----------------|-------------|-----------|----------------------------------|
| Maritime Education | | | | |
| Name of school | Country | From | To | Type of degree or diploma |
| Azerbaijan State Marine Academy | Azerbaijan | 2018 | 2022 | Bachelor |
| | | | | |

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| Physical Data | |
| Height | 188 |
| Weight | 86 |
| Boilersuit Size | XXL |
| Shoes Size | 43 |
| Blood group | O(I)RH+ |
| Additional Physical Information:{You can write any other information you want to add about your physique in this field.} | |

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| Seaman`s Book & Identify Docs |
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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 025944 | | 05.12.2023 | Azerbaijan | | 05.12.2028 |
| Certificate Of Competency | Azerbaijan | RP10674 | | 16.11.2021 | Azerbaijan | | - |
| Republic of Azerbaijan | Azerbaijan | C033391221 | | 30.12.2021 | Azerbaijan | | 29.12.2031 |
| 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 |
|------------------------|--------------|-------|
| - | - | - |
| | | |
| | | |

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 TECHNIQS | Azerbaijan | SO-0271-24 | UAG | 31.01.2024 | 26.01.2029 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-0271-24 | UAG | 31.01.2024 | 26.01.2029 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-0271-24 | UAG | 31.01.2024 | 26.01.2029 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-0271-24 | UAG | 31.01.2024 | 26.01.2029 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-0271-24 | UAG | 31.01.2024 | 26.01.2029 |
| International Safety Management | Azerbaijan | SP-4003-23 | GLOBAL | 15.12.2023 | 15.12.2028 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-2925-23 | GLOBAL | 09.08.2023 | 09.08.2028 |
| Security Awareness Training For All Seafarers | Azerbaijan | SI-3934-23 | GLOBAL | 15.12.2023 | 08.12.2028 |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-2086-23 | GLOBAL | 02.08.2023 | 02.08.2028 |
| Basic training and qualifications on oil and chemical tanker cargo operations; | Azerbaijan | SA-0766-23 | GLOBAL | 13.09.2023 | 13.09.2028 |

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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

(Please give a full record starting with the last vessel on which you served)

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For Engineers (Please provide details)

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

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Other Experience

-

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Travel Documents

| Name | YES/NO | Country | Date of Expire |
|-----------|--------|---------|----------------|
| Schengen | YES/NO | NO | - |
| US | YES/NO | NO | - |
| China | YES/NO | NO | - |
| Australia | YES/NO | NO | - |

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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)

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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)

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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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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.

Date: 16.02.2024

Signature

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