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APPLICATION FORM

1	Position	identity card PIN Number 1D8YNPS
	Position Applied for:	Chief Engineer
	Date Available from:	-

Personal Information	Gender: Male
First Name: ELMADDIN	Last Name: MAMMADOV
Date of Birth: 03.04.1986	Place of Birth (City and Country): Armenia, MEHRI
Email: http://elmeddinm33gmail.com	Mobile Number: (+994) 55 343 27 74
Permanent Address: Garadag district,	Expected Salary Per Month:
Mushvigabad settlement, Azerbaijan	7000\$
Nationality: Azerbaijan	Alternative rank applying for:
	Second Engineer

3	Family Details: (If Unmarri	ed kindly give details of Fat	her / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Vagif	Mammadov	Male	Father	+994 50 371 34 53

IV	Maritime Education									
ľ	Name of school	Country	From	То	Type of degree or diploma					
	Azerbaijan State Marine Academy	Azerbaijan	2003	2007	Bachelor					

Physical Data				
Height	175			
Weight	88			
Boilersuit Size	XL			
Shoes Size	44			
Blood group	B(III)RH+			

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	015352	02.11.2019	Azerb	aijan	02.11.2024
Certificate of Competency	Azerbaijan	0005170		04.07.2024	Azerb	aijan	10.06.2029
Republic of Azerbaijan	Azerbaijan	C01808457		10.05.2018	Azerbaijan		09.05.2028
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	YES/NO NO		Issue Date:	-	Expiry	Date:-	
Have you been reject	YES/NO	NO					
If YES, please state the	ne country and rea	sons		-	•		

7 Professional Test

Professional Test Date	Name of Test	Score
-	-	-

License

8

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-1930-21 **SMPA** 13.08.2021 09.08.2026 PERSONAL SURVIVAL TECHNICS Azerbaijan FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-1930-21 **SMPA** 13.08.2021 09.08.2026 SO-1930-21 **ELEMENTARY FIRST AID** SMPA 13.08.2021 09.08.2026 Azerbaijan PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-1930-21 SMPA 13.08.2021 09.08.2026 SO-1930-21 **SMPA** 13.08.2021 09.08.2026 SAFETY FAMILIARIZATION TRAINING Azerbaijan **International Safety Management** Azerbaijan SP-1465-21 SMPA 16.08.2021 05.08.2026 Proficiency in Survival Craft & Rescue **SMPA** SL-1239-21 16.08.2021 16.08.2026 Azerbaijan **Boats** Security Awareness Training For All SI-1570-24 SMPA 18.04.2024 Unlimited Azerbaijan Seafarers Security Training For Seafarers With **SMPA** SH-1090-24 18.04.2024 Unlimited Azerbaijan **Designated Security Duties** XS-0278-24 **SMPA** 10.06.2024 10.06.2029 Azerbaijan Updating Leadership & Teamwork Azerbaijan DL-0723-21 **SMPA** 09.08.2021 09.08.2026 Azerbaijan **SMPA** 06.08.2026 **Advanced Training in Fire Fighting** SJ-0650-21 06.08.2021 **Medical First Aid** Azerbaijan SN-0577-21 **SMPA** 12.08.2021 12.08.2026

SM-0159-24

SK-0313-21

ER-0324-21

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Medical Care

Dangerous, hazardous and harmful

cargoes
Eugenie-room resource management

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18.04.2024

13.08.2021

12.08.2021

SMPA

SMPA

Unlimited |

13.08.2026

10.08.2026

Azerbaijan

Azerbaijan

Azerbaijan

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
PALMALI SHIPPING	M/V MIR JALAL PASHA	Liberia	General Cargo Ship	6933	-	5684	-	Second Engineer	11.02.2020	03.10.2020	8 months	End of Contract
PERVIZ MMC	M/V DELFIN	Azerbaijan	Passenge r Ship	14		141	CE	Second Engineer	02.03.2021	01.06.2021	3 months	End of Contract
PALMALI SHIPPING	HUNTER-1	Liberia	General Cargo Ship	6970		5684	-	Second Engineer	21.10.2021	23.09.2022	11 months	End of Contract
PALMALI SHIPPING	M/C PALMALI CONFIDENCE	Liberia	General Cargo Ship	6933	-	5684	-	Chief Engineer	15.01.2023	20.07.2023	6 months	End of Contract
PALMALI SHIPPING	M/C PALMALI CONFIDENCE	Liberia	General Cargo Ship	6933		5684	\$	Chief Engineer	15.09.2023	15.03.2024	6 months	End of Contract

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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

11	For Engineers	(Please provid	de details)

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

12 Other Experience

English Language : Average Russian Language : Average Turkish Language : Good

12 Travel Documents

114101.2004							
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

moderal 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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Name of company	1.		2.
Name of person to contact			
Address			
☎ No.			
Declaration			
I have read it, I am familiar wi	th it, I confirm with my signat	ure.	
	_		
		Date:	

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

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