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APPLICATION FORM

1	Position	identity card PIN Number 280CVT5
	Position Applied for:	Rating forming part of a navigational watch
	Date Available from:	
	Date Avanable Irom;	

First Name: NAHID	Last Name: BAGHIROV
Date of Birth: 09.08.1988	Place of Birth (City and Country): Azerbaijan, JALILABAD
Email: nahidbagirov991@gmail.com	Mobile Number: (+994) 51 427 56 66
Permanent Address: Sabirabad village , Jalilabad district, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for:
	Fitter

3	Family Details: (If Unmarried kindly give details of Father / Mother)						
	First Name	Last Name	Gender	Relation	Contact		
	Vilayat	Baghirov	Male	Father	+99450 697 51 55		

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Kaspian Education Center	Azerbaijan	01.2024	06.2024	Course

Physical Data	
Height	185
Weight	85
Boilersuit Size	XL
Shoes Size	42
Blood group	B(III)RH+

Seaman's Book & Identify Docs						
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY	

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

Seaman Book	Azerbaijan	DQK	029305	09.08.2024	Aze	erbaijan	09.08.2029
Certificate of Competency	Azerbaijan	RP15633		01.08.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C05009625		17.07.2024	Azerbaijan		16.07.2034
Do you hold a US Vis	YES/NO	NO	Issue Date:	-	Expiry	Date: -	
Do you hold a US Vis	YES/NO	NO	Issue Date:	-	Expiry	Date:-	
Have you been rejecte	YES/NO	NO					
If YES, please state the	-						

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	-	-	-

9

STCW Certificates & Trainings								
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry			
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-1989-24	SMPA	31.05.2024	24.05.2029			
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1989-24	SMPA	31.05.2024	24.05.2029			
ELEMENTARY FIRST AID	Azerbaijan	SO-1989-24	SMPA	31.05.2024	24.05.2029			
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1989-24	SMPA	31.05.2024	24.05.2029			
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1989-24	SMPA	31.05.2024	24.05.2029			
International Safety Management	Azerbaijan	SP-1585-24	SMPA	20.05.2024	17.05.2029			
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1738-24	SMPA	27.05.2024	27.05.2029			
Security Awareness Training For All Seafarers	Azerbaijan	SI-2114-24	SMPA	15.05.2024	Unlimited			
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1809-24	SMPA	07.06.2024	Unlimited			
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0488-24	SMPA	06.06.2024	Unlimited			

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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
KASPIAN EDUCATION	M/V SEVETLAMOR	Azerbaija n	Supply Ship	1000	Wartsila	1695	-	Probationer	03.03.2024	03.06.2024	3 months	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 prov	or Engineers (Please provide details)					
		-					
	Generators						
	Purifiers and Boilers	-					
	Type of Crapes / No of						

Other Experience

Reefer Containers

Azerbaijan Language: Good Turkish Language: Good

12 Travel Documents

Traver becamente				
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

modern motory			
Have you ever signed off a ship due to medical reasons?		NO	
Have you undergone any operation in the past?		NO	
Have you consulted a doctor during the last 12 months for an illness/accident?		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 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

21.08.2024 Date: