



APPLICATION FORM

1	Position identity card PIN Number 7DRLYZR					
	Position Applied for:				Rating forming part f a navigational watch	
	Date Available from:				-	

2	Personal Information Gender: Male					
	First Name: ALIPANAH			Last Name: RAHIMOV		
	Date of Birth: 03.03.2001			Place of Birth (City and Country): Azerbaijan, KHACMAZ		
	Email: penahrhimov7@gmail.com			Mobile Number: (+994) 55 775 21 78		
	Permanent Address: Khacmaz district , Azerbaijan			Expected Salary Per Month: -		
	Nationality: Azerbaijan			Alternative rank applying for: -		
	Person to call in emergency: (+994) 70 751 23 04 Uncle					

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Alyar	Javadov	Male	Uncle	+994707512304

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	Kainat Maritime MMC	Azerbaijan	07.2023	02.2024	Course

5	Physical Data	
	Height	182
	Weight	70
	Boilersuit Size	L
	Shoes Size	42
	Blood group	A(II)RH+
	Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

6	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 027449		04.04.2024	Azerbaijan		04.04.2029
Certificate of Competency	Azerbaijan	RP14773		18.03..2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03038223		06.05.2023	Azerbaijan		05.05.2033
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
-	-	-

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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-5933-23	SMPA	26.12.2023	22.12.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5933-23	SMPA	26.12.2023	22.12.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5933-23	SMPA	26.12.2023	22.12.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5933-23	SMPA	26.12.2023	22.12.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5933-23	SMPA	26.12.2023	22.12.2028
International Safety Management	Azerbaijan	SP-0382-24	SMPA	20.02.2024	16.02.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4675-23	SMPA	30.12.2023	28.12.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0608-24	SMPA	01.03.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0423-24	SMPA	01.03.2024	Unlimited
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-1055-24	SMPA	03.10.2024	Unlimited

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Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chamanzamanli ITSC, 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)

[illegible]

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For Engineers (Please provide details)

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 pf 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: 21.10.2024

Signature

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