



APPLICATION FORM

1	Position	identity card PIN Number 5R0HF9S
	Position Applied for:	Rating forming part of an engine room – watch
	Date Available from:	-

Personal Information

Gender: Male

First Name: AGSHIN

Date of Birth: 28.09.1992

Place of Birth (City and Country): Azerbaijan, SHAKI

Email: aqsin.abdur@gmail.com

Permanent Address: Nukhavi street, Shaki district, Azerbaijan

Nationality: Azerbaijan

Nationality: Azerbaijan

Alternative rank applying for:
Person to call in emergency: (+994) 70 677 06 93 Father

Family Details: (If Unmarried kindly give details of Father / Mother)

First Name Last Name Gender Relation Contact

Gurbanali Abdurahmanov Male Father +994706770693

 Name of school
 Country
 From
 To
 Type of degree or diploma

 Kainat Maritime MMC
 Azerbaijan
 01.2023
 07.2023
 Course

Height

Height

178

Weight

Boilersuit Size

M

Shoes Size

Blood group

Additional Physical Information:{You can write any other information you want to add about your physique in this field.}

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

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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

Seaman Book	Azerbaijan	DQK 025064		16.09.2023	Aze	rbaijan	16.09.2028
Certificate of Competency	Azerbaijan	RP13488		05.09.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03933987		19.08.2023	Azerbaijan		18.08.2033
Do you hold a US Vis	Do you hold a US Visa 'C1/D'?		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

9

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** PERSONAL SURVIVAL TECHNICS Azerbaijan SO-2782-23 SMPA 20.06.2023 12.06.2028 FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-2782-23 **SMPA** 20.06.2023 12.06.2028 ELEMENTARY FIRST AID SO-2782-23 **SMPA** 20.06.2023 12.06.2028 Azerbaijan PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-2782-23 **SMPA** 20.06.2023 12.06.2028 SO-2782-23 SAFETY FAMILIARIZATION TRAINING Azerbaijan **SMPA** 20.06.2023 12.06.2028 **International Safety Management** Azerbaijan SP-1933-23 **SMPA** 21.06.2023 20.06.2028 Proficiency in Survival Craft & Rescue **SMPA** 14.06.2028 SL-1967-23 14.06.2023 Azerbaijan **Boats** Security Awareness Training For All SI-1659-23 SMPA 13.06.2023 13.06.2028 Azerbaijan Seafarers Security Training For Seafarers With SH-1360-23 SMPA 08.06.2023 08.06.2028 Azerbaijan **Designated Security Duties**

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Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenzemenili 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	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
FHN	M/V KRAB -2	Azerbaijan	Offshore Supply Vessel	-	-	307		Probationer	03.03.2023	03.07.2023	3 months	End of Contract
DCC DENIZCILIK SANAYI VE TICARETI LTD	M/V CKR CANGA	Vanuatu	Bulk Carrier	9808	Man	7078	Cr	Oiler	29.04.2024	12.06.2024	1 months 14 days	End of Contract
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11	For Engineers (Please prov	ide details)
		-
	Generators	
	Purifiers and Boilers	-
	Type of Cranes / No of Reefer Containers	-

12 Other Experience

Azerbaijan Language : Good Turkish Language : Good

12 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	-

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

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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16	References (Please give the I	name and address of your current or immediate pa	ast employer)
	Name of company	1	2

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.

Date:	21.10.2024	

Signature

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