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APPLICATION FORM

1	Position	identity card PIN Number 1EA2AFR
	Position Applied for:	3 RD Engineer
	Date Available from:	-

First Name: VUSAL	Last Name: ABADOV
Date of Birth: 10.06.1985	Place of Birth (City and Country): AZERBAIAJN, SUMGAIT
Email: vusal.abadov@gmail.com	Mobile Number: (+994) 70 310 03 01 ; (+90) 537 799 29 22
Permanent Address: 53/31, Mikroregion -9	Expected Salary Per Month:
Sumgait, Azerbaijan	2500\$
Nationality: Azerbaijan	Alternative rank applying for:
	Chief Engineer

3	Family Details: (If Unmarri	ed kindly give details of Fat	her / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Bakhshali	Abadov	Male	Father	+99451 581 16 22

	Maritime Education				
."	Name of school	Country	From	То	Type of degree or diploma
	Azerbaijan Marine Fishing Industrial College	Azerbaijan	2014	2015	Sub-Bachelor

Physical Data	
Height	174
Weight	76
Boilersuit Size	XL
Shoes Size	42
Blood group	O(I)RH+
Additional Physical Information:{You can write any other informatio	n you want to add about your physique in this field.}

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

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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF I	SSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 016784		02.12.2020	Azerbaijan		02.12.2025
Certificate of Competency	Azerbaijan	000	06319	29.03.2020	Azerbaij	jan	29.03.2025
Republic of Azerbaijan	Azerbaijan	C03	236794	05.03.2021	Azerbai	jan	04.03.2031
Do you hold a US Vis	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	a 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry	Date:-
Have you been reject	ed for any visa app	lied for?		YES/NO	NO		
If YES, please state the	he country and reas	sons		-			

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

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 TECHNICS	Azerbaijan	SO-1257-23	SMPA	14.03.2023	14.03.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1257-23	SMPA	14.03.2023	14.03.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-1257-23	SMPA	14.03.2023	14.03.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1257-23	SMPA	14.03.2023	14.03.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1257-23	SMPA	14.03.2023	14.03.2028
International Safety Management	Azerbaijan	SP-0920-23	SMPA	17.03.2023	17.03.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1069-23	SMPA	28.03.2023	28.03.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0808-23	SMPA	16.03.2023	16.03.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0593-23	SMPA	15.03.2023	15.03.2028
Dangerous , hazardous and harmful cargoes	Azerbaijan	SK-0187-23	SMPA	31.03.2023	31.03.2028
Leadership & Teamwork	Azerbaijan	DL-0175-24	SMPA	18.03.2024	18.03.2029
Advanced Training in Fire Fighting	Azerbaijan	SJ-0402-23	SMPA	30.03.2023	30.03.2028
Engine Resource Management	Azerbaijan	ER-0090-24	SMPA	15.03.2024	15.03.2029
Medical First Aid	Azerbaijan	SN-0875-24	SMPA	11.09.2024	Unlimited
1000 Voltage	Azerbaijan	DM-0196-24	SMPA	11.10.2024	11.10.2029
Basic training and qualifications on oil and chemical tanker cargo operations	Azerbaijan	SA-1090-24	SMPA	09.10.2024	09.10.2029

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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

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 Support	44	-	307	-	Chief Engineer	03.12.2020	15.09.2023	3 year	End of Contract
ALINA SHIPPING	M/V ADMIRAL DE RIBAS	Palau	General Cargo Ship	3680	Deutz	2446		Oiler	09.11.2023	05.03.2024	4 month	End of Contract
MV MARINE UNIPEAAOA L LDA	M/V ZUZANNA	Cameroon	General Cargo Ship		Deutz	1059	-	Chief Engineer	01.05.2024	19.07.2024	2 months 19 days	End of Contract
			10	120								
							MA -					

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**

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11	For Engineers (Please prov	ide details)
	Generators	-
	Purifiers and Boilers	-
	Type of Cranes / No of	

12 Other Experience

Reefer Containers

Turkish Language ; Good Azerbaijan Language : Good

12 Travel Documents

Travel Bookinette								
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

mountain 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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16	References (Please give the name and address of your current or immediate past 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:	30.10.2024

Signature

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