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APPLICATION FORM

1	Position	identity card PIN Number 1ADRKMJ
	Position Applied for:	Electro Technical Officer
	Date Available from:	-

Personal Information	Gender: Male
First Name: AMID	Last Name: GURBANOV
Date of Birth: 18.07.1983	Place of Birth (City and Country): Azerbaijan, NEFTCHALA
Email: amidqurbanov666@gmail.com	Mobile Number: (+994) 50 410 03 70
Permanent Address: Nasraddin Tusi street,	Expected Salary Per Month:
Baku city, Azerbaijan	3500\$
Nationality: Azerbaijan	Alternative rank applying for:
	Electro Technical Rating

3	Family Details: (If Unmarried kindly give details of Father / Mother)										
	First Name	Last Name	Gender	Relation	Contact						
	Amil	Gurbanov	Male	Brother	+994503026263						

4	Maritime Education									
	Name of school	Country	From	То	Type of degree or diploma					
	Volga State Marine Academy	Russia	2012	2016	Bachelor					

178
90
52
42
A(II)RH+

6	Seaman's Book & Id	lentify 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	erbaijan DQK 020170		13.052022	Aze	erbaijan	13.05.2027
Certificate of Competency	Azerbaijan	0005377		04.05.2022	Azerbaijan		16.03.2027
Republic of Azerbaijan	Azerbaijan	C04	113107	10.06.2022	Azerbaijan		09.06.2032
Do you hold a US Vis	a '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	-						

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-4968-23 SMPA 06.10.2023 06.10.2028 **FIRE PREVENTION & FIRE FIGHTING** Azerbaijan SO-4968-23 **SMPA** 06.10.2023 06.10.2028 Azerba<u>ij</u>an SO-4968-23 **SMPA** ELEMENTARY FIRST AID 06.10.2023 06.10.2028 PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-4968-23 **SMPA** 06.10.2023 06.10.2028 SO-4968-23 SAFETY FAMILIARIZATION TRAINING **SMPA** 06.10.2023 06.10.2028 Azerbaijan **International Safety Management** Azerbaijan SP-3436-23 **SMPA** 20.10.2023 19.10.2028 Proficiency in Survival Craft & Rescue **SMPA** SL-1372-23 14.04.2023 14.04.2028 Azerbaijan **Boats** SMPA Medical First Aid SN-1240-23 16.08.2023 16.08.2028 Azerbaijan Security Training For Seafarers With SH-2881-23 **SMPA** 27.10.2024 27.10.2028 Azerbaijan **Designated Security Duties** SK-0430-23 **SMPA** 11.07.2023 16.06.2028 Dangerous, hazardous and harmful Azerbaijan cargoes **SMPA** 25.10.2022 25.10.2027 Leadership & Teamwork Azerbaijan DL-1663-22 SJ-1113-23 SMPA 30.08.2023 30.08.2028 **Advanced Training in Fire Fighting** Azerbaijan Updating Azerbaijan XS-0534-22 **SMPA** 08.04.2022 16.03.2027 1000 voltage Azerbaijan DM-0306-22 **SMPA** 05.44.2022 04.11.2027

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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: AZI075, Azerbaijan, Baku,Yusif Vazir Chemenzemenli 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
ASCO	M/V LANKARAN	Azerbaijan	Offshore Supply Vessel	2533	MAN	2736	-	ETO	15.05.2017	01.12.2017	7 months	End of Contract
ASCO	M/V NEFTEGAZ - 62	Azerbaijan	Offshore Supply Vessel	1840		2723	- C F	ЕТО	15.02.2018	-	-	End of Contract
ASCO	M/V IRGIZ	Azerbaijan	Offshore Supply Vessel	761	-	593	-	ETO	06.08.2021	-	-	End of Contract
ASCO	M/V IRGIZ	Azerbaijan	Offshore Supply Vessel	761	-	593	-	ETO	17.06.2022	02.10.2022	4 months	End of Contract
ASCO	M/V OM	Azerbaijan	Offshore Supply Vessel	1394	Wartsila	1585	-	ETO	13.12.2022	-	-	End of Contract
ASCO	M/V IRGIZ	Azerbaijan	Offshore Supply Vessel	761	-	593		ETO	01.03.2024	-	-	End of Contract
ASCO	M/V NEFTEGAZ - 62	Azerbaijan	Offshore Supply Vessel	1840	-	2723	-	ЕТО	11.05.2024	30.11.2024	6 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

For Engineers (Please p	ovide details)	
	-	
Generators		
Desiritions and Dellars		
Purifiers and Boilers	-	
Type of Croppe / No of		
Type of Cranes / No of Reefer Containers	-	

12 Other Experience

Russian 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	name and address of your current or immediate pa	ast employer)
	Name of commons	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.

Signature

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