



## **APPLICATION FORM**

1	Position	identity card PIN Number 7PM9W2C				
	Position Applied for:	Rating forming part of an engine-room watch				
	Date Available from:	-				

First Name: ASIMAN	Last Name: AHMADLI
Date of Birth: 02.02.2002	Place of Birth (City and Country): Azerbaijan, ISMAYILLI
Email: ahmedliasiman@gmail.com	Mobile Number: (+994) 51 704 65 45
Permanent Address: Hajiahatamli village,	Expected Salary Per Month:
Ismayilli district, Azerbaijan	1000\$
Nationality: Azerbaijan	Alternative rank applying for:-

3	Family Details: (If Unmarried kindly give details of Father / Mother)							
	First Name	Last Name	Gender	Relation	Contact			
	Irza	Ahmadov	Male	Father	+994 50 661 88 67			

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

Physical Data	
Height	170
Weight	70
Boilersuit Size	L
Shoes Size	42
Blood group	O(I)RH+

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6	Seaman's Book	& Identify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
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ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

Yacht Management Technical Management **Ship Brokering** Surveying & Monitoring New Building & Repair

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

Seaman Book	Azerbaijan	DQK 027114		12.03.2024	Aze	rbaijan	12.03.2029
Certificate of Competency	Azerbaijan	RP14547		23.02.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03371361		06.03.2024	Azerbaijan		05.03.2034
Do you hold a US Vis	a US Visa 'C1/D'? YES/NO		NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	isa 'B1/B2'? YES/NO NO			Issue Date:	-	- Expiry Date:-	
Have you been rejecte	YES/NO	NO					
If YES, please state the	-						

7 Professional Test

<b>Professional Test Date</b>	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-5940-23 SMPA 26.12.2023 22.12.2028 FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-5940-23 **SMPA** 26.12.2023 22.12.2028 ELEMENTARY FIRST AID SO-5940-23 **SMPA** 26.12.2023 22.12.2028 Azerbaijan PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-5940-23 **SMPA** 26.12.2023 22.12.2028 SAFETY FAMILIARIZATION TRAINING Azerbaijan SO-5940-23 SMPA 26.12.2023 22.12.2028 **International Safety Management** Azerbaijan SP-3912-23 **SMPA** 07.12.2023 07.12.2028 Proficiency in Survival Craft & Rescue **SMPA** 15.12.2023 14.12.2028 SL-4506-23 Azerbaijan **Boats** Security Awareness Training For All SI-3984-23 SMPA 15.12.2023 08.12.2028 Azerbaijan Seafarers Security Training For Seafarers With SH-3538-23 SMPA 27.12.2023 27.12.2028 Azerbaijan **Designated Security Duties** 

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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## **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
SETA SHIPPING LTD	M/V M N ERENGLI	Vanuatu	General Cargo Ship	3030	SKL	2319		Oiler/Motorman	14.06.2024	21.03.2025	9 months 7 days	End of Contract
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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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Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
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		-
Insurance ,Health Related	Documentation				
Medical Certificate (Fit for D				YES/NO	,
saisai soriinoato (i it ioi b	~-J /	Vaccin	ation	TES/NO	
Yellow Fever				YES/NO	
COVID-19				YES/NO	,
answer is YES to any of the	above, please give	e full details and at	tach a separate page if r	necessary)	
answer is YES to any of the	above, please give	e full details and at	tach a separate page if r	necessary)	
e answer is YES to any of the	above, please give	e full details and at	tach a separate page if r	necessary)	
			ttach a separate page if r		
Medical history  Have you ever signed off a s  Have you undergone any op	ship due to medica	Il reasons?		YES/NO YES/NO	
Medical history  Have you ever signed off a see Have you undergone any op Have you consulted a doctory	ship due to medica peration in the past r during the last 12	Il reasons? ? ? months for an illne		YES/NO YES/NO YES/NO	
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Have you ever signed off a s Have you undergone any op Have you consulted a docto Do you have any health or o Do you take any medication	ship due to medica peration in the past r during the last 12 lisability problems s regularly?	Il reasons? ? ? months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO	
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Medical history  Have you ever signed off a self-ave you undergone any open Have you consulted a doctor Do you have any health or consulted any medication (If the answer is YES to a General Have you ever been the subject to the subject of the sub	ship due to medica peration in the past r during the last 12 lisability problems is regularly? Inny of the above, pl	Il reasons? ? ? months for an illne now?  lease give full deta	ess/accident?  ils and attach a separate  n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	yy)
Medical history  Have you ever signed off a selection and the selection of	ship due to medica peration in the past r during the last 12 lisability problems is regularly? Inny of the above, plants fect of a court of er- sional license suspe	Il reasons? ? ? months for an illne now?  lease give full deta  enduiry or involved in ended or revoked?	ess/accident?  ils and attach a separate  n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	yy)
Medical history  Have you ever signed off a second of the	ship due to medica peration in the past r during the last 12 lisability problems is regularly? Inny of the above, plants fect of a court of er- sional license suspe	Il reasons? ? ? months for an illne now?  lease give full deta  enduiry or involved in ended or revoked?	ess/accident?  ils and attach a separate  n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	yy)
Medical history  Have you ever signed off a self-ave you undergone any operate and you consulted a doctor Do you have any health or consulted any medication (If the answer is YES to a general Have you ever been the subject to the subject of the s	ship due to medica peration in the past r during the last 12 lisability problems is regularly? Inny of the above, plants fect of a court of er- sional license suspe	Il reasons? ? ? months for an illne now?  lease give full deta  enduiry or involved in ended or revoked?	ess/accident?  ils and attach a separate  n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	yy)

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16	References (Please give the n	ences (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:	14.04.2025
Signature		

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