



APPLICATION FORM

1	Position	identity card PIN Number 6H3GVP7
	Position Applied for:	Rating forming part of an Engine-Room watch
	Date Available from:	-

Personal Information	Gender: Male
First Name: JAMIL	Last Name: SEYIDOV
Date of Birth: 30.08.1999	Place of Birth (City and Country): Azerbaijan, UJAR
Email: cemil7120@gmail.com	Mobile Number: (+994) 51 363 87 18
Permanent Address: Ujar district, Gazigumlag village, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarri	ed kindly give details of Fa	ather / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Irshad	Seyidov	Male	Father	+994516208901
	Yusif	Seyidov	Male	Brother	+994775777347

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Kainat Maritime MMC	Azerbaijan	10.2021	05.2022	Course

Physical Data	
Height	175
Weight	72
Boilersuit Size	S
Shoes Size	43
Blood group	A(II)RH+

	Traditional Tripsical		oan wite any other mioring	anon you want to due	rabout your priyorquo i	ir time nerally
6	Seaman's Book & Id	lentify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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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

Seaman Book	Azerbaijan	DQK	021701	19.10.2022	Aze	erbaijan	19.10.2027
Certificate of Competency	Azerbaijan	RP	11761	07.04.2025	Aze	erbaijan	-
Republic of Azerbaijan	Azerbaijan	C03	753262	11.11.2022	Aze	erbaijan	10.11.2032
Do you hold a US Visa	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 rejecte	ed for any visa app	olied for?	•	YES/NO	NO		
If YES, please state th	ne country and rea	sons		-			

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8 License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-0512-25	SMPA	01.04.2025	01.04.2030
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0512-25	SMPA	01.04.2025	01.04.2030
ELEMENTARY FIRST AID	Azerbaijan	SO-0512-25	SMPA	01.04.2025	01.04.2030
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0512-25	SMPA	01.04.2025	01.04.2030
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0512-25	SMPA	01.04.2025	01.04.2030
International Safety Management	Azerbaijan	SP-2616-22	SMPA	31.08.2022	18.08.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2595-22	SMPA	30.08.2022	12.08.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0322-25	SMPA	13.03.2025	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1755-22	SMPA	02.09.2022	21.07.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0454-23	SMPA	09.06.2023	09.06.2028

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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
BUE CASPIAN LTD	M/V CASPIAN PRIDE	Azerbaijan	Offshore Tug /Supply Vessel	2300	-	2265		Steward	21.11.2022	19.02.2023	3 months	End of Contract
EGES SHIPPING LTD	M/V ERNA SU	Panama	General Cargo	7321	MAK	6167	- 7	Oiler	27.07.2023	29.12.2023	5 month 2 days	End of Contract
BADEN SHIP MANAGEME NT S.A	M/V GEERT	Barbados	General Cargo	3400		2545		Oiler	23.05.2024	05.01.2025	7 months 13 days	End of Contract
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Generators					
Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
Travel Documents					
Name		YES/NO	Country	Dat	e pf Expir
Schengen		YES/NO	NO		-
US		YES/NO	NO		-
China		YES/NO	NO NO		-
Australia		YES/NO	NO		-
Insurance ,Health Related	Documentation				
Medical Certificate (Fit for D				YES/NC	
,	- / / · · · · · · · · · · · · · · · · ·	Vaccin	ation	120/140	
Yellow Fever				YES/NC	
COVID-19				YES/NC	1
answer is YES to any of the	above, please giv	e full details and at	tach a separate page if r	1	
answer is YES to any of the	above, please giv	e full details and at	tach a separate page if r	1	
e answer is YES to any of the	above, please giv	e full details and at	tach a separate page if r	1	
			tach a separate page if r	necessary)	
Medical history	ship due to medica	Il reasons?	tach a separate page if r	1	
Medical history Have you ever signed off a see that the second of the s	ship due to medica eration in the past r during the last 12	Il reasons? ? ? months for an illne		necessary)	
Medical history Have you ever signed off a s Have you undergone any op Have you consulted a docto Do you have any health or c	ship due to medica eration in the past r during the last 12 isability problems	Il reasons? ? ? months for an illne		YES/NC YES/NC YES/NC YES/NC	
Medical history Have you ever signed off a see Have you undergone any op Have you consulted a doctory	ship due to medica eration in the past r during the last 12 isability problems	Il reasons? ? ? months for an illne		YES/NC YES/NC YES/NC	
Medical history Have you ever signed off a s Have you undergone any op Have you consulted a docto Do you have any health or c	ship due to medica eration in the past r during the last 12 isability problems s regularly?	Il reasons? ? ? months for an illne now?	ess/accident?	YES/NC YES/NC YES/NC YES/NC	
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 eration in the past r during the last 12 isability problems s regularly?	Il reasons? ? ? months for an illne now?	ess/accident?	YES/NC YES/NC YES/NC YES/NC	
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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 medical teration in the past of during the last 12 isability problems is regularly? In the above, place of the above of the above of the above of the ect of a court of er	Il reasons? ? ? months for an illne now? lease give full deta	ess/accident? ils and attach a separate n a maritime accident?	YES/NC YES/NC YES/NC YES/NC YES/NC YES/NC	ry)
Medical history Have you ever signed off a selection of the selection of	ship due to medical teration in the past of during the last 12 isability problems is regularly? In the above, place of the above of the above of the above of the ect of a court of er	Il reasons? ? ? months for an illne now? lease give full deta	ess/accident? ils and attach a separate n a maritime accident?	YES/NC YES/NC YES/NC YES/NC YES/NC YES/NC	ry)
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Medical history Have you ever signed off a selection of the selection of	ship due to medical eration in the past of during the last 12 isability problems is regularly? In the above, proceed of a court of erational license suspense.	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/NC YES/NC YES/NC YES/NC YES/NC YES/NC	ry)

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16	References (Please give the name and address of your current or immediate past employer)

Name of company	1.EGES SHIPPING	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:	17.04.2025
Signature		

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