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APPLICATION FORM

1	Position	identity card PIN Number 7PBC8HD
	Position Applied for:	Cook
	Date Available from:	-

Personal Information	Gender: Male
First Name: VUGAR	Last Name: MAMMADOV
Date of Birth: 22.04.2022	Place of Birth (City and Country): Azerbaijan ,HAJIGABUL
Email: memmedov02.@icloud.com	Mobile Number: (+994) 50 984 59 47
Permanent Address: Hajiqabul district, Azerbaijan	Expected Salary Per Month: 1100\$
Nationality: Azerbaijan	Alternative rank applying for: Komarot

3	Family Details: (If Unmarri	ed kindly give details of Fatl	ner / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Gamar	Azimova	Female	Mother	+994 50 576 12 57

Maritime Education				
Name of school	Country	From	То	Type of degree or diploma
Kaspian Education Center	Azerbaijan	11.2023	03.2024	Course

Physical Data	
Height	179
Weight	85
Boilersuit Size	XL
Shoes Size	43
Blood group	O(I)RH+
Additional Physical Information:{You can write an	y other information 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	ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK	028114	17.05.2024	Azerbai	jan	17.05.2029
Certificate of Competency	Azerbaijan	RP	15005	08.05.2024	Azerbai	jan	-
Republic of Azerbaijan	Azerbaijan	C03	736381	17.04.2024	Azerbai	jan	16.04.2034
Seaman Book	Panama	P014	41743A	02.08.2024	Panam	na	02.08.2029
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 t	he country and reas	sons		-			

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

License 8

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-1022-24	SMPA	03.04.2024	03.04.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1022-24	SMPA	03.04.2024	03.04.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-1022-24	SMPA	03.04.2024	03.04.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1022-24	SMPA	03.04.2024	03.04.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1022-24	SMPA	03.04.2024	03.04.2029
International Safety Management	Azerbaijan	SP-0902-24	SMPA	04.04.2024	04.04.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1990-24	SMPA	16.04.2024	16.04.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-1337-24	SMPA	08.04.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1139-24	SMPA	26.04.2024	Unlimited

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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
GN GROUP	M/V LADY AYSHE	Panama	General Cargo Ship	16239	Akasaka	9978	-	Steward	15.06.2024	20.01.2025	7 months 5 days	End of Contract
			//									
			19									
							Callina Callina					
								(4.4.)/				

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

Other Experience

Reefer Containers

Azerbaijan Language: Good Turkish Language: Good

Travel Documents 12

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)

Medical history

moulear 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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Sale & Purchasing Ship Agency **Exclusive Cargo Brokering Bunker Supply Technical Services**

16	References (Please give the r	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	
Decidiation	

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

Da	ate:	21.04.2025

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