



# APPLICATION FORM

Position identity card PIN Number 1CTJ76P					
Position Applied for:		Officer in charge of an engineering watch			
Date Available from:		-			
Personal Information	Geno	der: Male			
First Name: RUFAT	Last Name: KALBIY	EV			
Date of Birth: 21.05.1983	Place of Birth (City and C	Country): Azerbaijan,Baku			
Email: rufatkelbiyev8@gmail.com	Mobile Number: (+994	4) 70 601 37 83			
Permanent Address: Azerbaijan,Lokbatan Garadag 28\13	Expected Salary Per M	Ionth: -			
Nationality: Azerbaijan	Alternative rank apply	ing for: -			
	Date Available from:  Personal Information  First Name: RUFAT Date of Birth: 21.05.1983 Email: rufatkelbiyev8@gmail.com Permanent Address: Azerbaijan,Lokbatan Garadag 28\13	Personal Information  First Name: RUFAT Date of Birth: 21.05.1983 Email: rufatkelbiyev8@gmail.com Permanent Address: Azerbaijan,Lokbatan Garadag 28\13 Nationality: Azerbaijan			

Family Details: (If Unmarried kindly give details of Father / Mother) 3 Gender Relation First Name **Last Name Contact** +994 50 417 04 74 Muslum Kalbiyev Male **Brother** 

**Maritime Education** Type of degree or Name of school **Country** From To diploma Astrakhan State Azerbaijan 01.09.2018 22.02.2023 bachelor University

**Physical Data** Height 1.77 95kg Weight L **Boilersuit Size** 42 Shoes Size 0(I)RH+ Blood group Additional Physical Information: (You can write any other information you want to add about your physique in this field.)

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

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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** 

Person to call in emergency: (+994) 50 417 04 74 Brother

Seaman's Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER	र	DATE OF ISSUE	PLACE OF	ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK021	393	20.09.2022	Azerbaijan		20.09.2027
Certificate of Competency	Azerbaijan	0008154		16.04.2024	Azerbaijan		16.04.2029
Republic of Azerbaijan	Azerbaijan	C03852842		21.05.2022	Azerbaijan		17.09.2032
Do you hold a US	Visa 'C1/D'?	YES/N	NO	Issue Date:	-	Expiry D	ate: -
Do you hold a US	Do you hold a US Visa 'B1/B2'? YES/N NO		Issue Date:	-	Expiry D	ate:-	
Have you been rejected for any visa applied for?			YES/NO	NO			
If YES, please star	te the country an	d reasons		-			

**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	-	-	-

STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-4191-23	SMPA	11.08.2023	11.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4191-23	SMPA	11.08.2023	11.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4191-23	SMPA	11.08.2023	11.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4191-23	SMPA	11.08.2023	11.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4191-23	SMPA	11.08.2023	11.08.2028
International Safety Management	Azerbaijan	SP-2501-23	SMPA	03.08.2023	03.08.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2292-23	SMPA	12.07.2023	08.06.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-1773-23	SMPA	21.06.2023	09.06.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0975-23	SMPA	17.04.2023	07.04.2028
Proficiency in fast rescue boats	Azerbaijan	SU-0019-25	SMPA	19.02.2025	19.02.2030
Leadership & Teamwork	Azerbaijan	DL-0888-23	SMPA	04.11.2023	31.10.2028
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan	ER-0305-23	SMPA	24.10.2023	24.10.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-1303-23	SMPA	13.10.2023	13.10.2028
Medical First Aid	Azerbaijan	SN-0669-23	SMPA	28.04.2023	20.04.2028

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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
ASCO	Ehram Khaligov	Azerbaijan	Offshore supply	1329	Zultser	2737	-	Motorman	01.11.2022	01.12.2022	30d	End of contract
ASCO	Ehram Khaligov	Azerbaijan	Offshore supply	1329	Zultser	2737	93	Motorman	02.01.2023	01.02.2023	30d	End of contract
ASCO	Ehram Khaligov	Azerbaijan	Offshore supply	1329	Zultser	2737		Motorman	03.03.2023	01.04.2023	29d	End of contract
ASCO	Ehram Khaligov	Azerbaijan	Offshore supply	1329	Zultser	2737		Motorman	01.05.2023	01.09.2023	4m 1d	End of contract
ASCO	Ehram Khaligov	Azerbaijan	Offshore supply	1329	Zultser	2737		Motorman	01.12.2023	01.04.2024	4m	End of contract
ASCO	Ehram Khaligov	Azerbaijan	Offshore supply	1329	Zultser	2737		3 <sup>rd</sup> engineer	01.05.2024	01.08.2024	4m	End of contract

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Bunker Supply
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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

11	For Engineers (Please provi	de details)
		-
	Generators	
	Purifiers and Boilers	-
	Type of Cranes / No of Reefer	

## **Other Experience**

Containers

**LANGUAGES** Azerbaijani-native Turkish - 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	-

#### Insurance ,Health Related Documentation 13

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 14

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)

### General 15

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)

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

Name of company	-	-
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

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have read it, I am familiar with it, I confirm with my signature	3	
	<b>.</b>	
	Date:	06.05.2025

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