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## **APPLICATION FORM**

1	Position	identity card PIN Number 7NPH2YR
	Position Applied for:	Electro-technical rating
	Date Available from:	-

Personal Information	Gender: Male
First Name: MIRMAJID	Last Name: BAGHIRZADA
Date of Birth: 23.02.2003	Place of Birth (City and Country): Azerbaijan, LANKARAN
Email: Mecid2003@icloud.com	Mobile Number: (+994) 50 683 48 58
Permanent Address: Ahmadli settlement	Expected Salary Per Month:
Telnov 5str, Baku, Azerbaijan	1250\$-1500\$
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarri	ed kindly give details of Fathe	er / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Agil	Baghirov	Male	Father	+994505190717

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Azerbaijan State Maritime College	Azerbaijan	2022	2024	Sub-Bachelor

Physical Data	
Height	179
Weight	75
Boilersuit Size	L-XL
Shoes Size	42
Blood group	A(II)RH+

6	Seaman`s Book & Id	lentify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

Ship Management Yacht Management Sale & Purchasing ISM&ISPS Management Technical Management Ship Agency Ship Brokering Ship Agency Exclusive Cargo Brokering Consultations Surveying & Monitoring **Bunker Supply** Provision, Ship Supply New Building & Repair Technical Services Tel: +994 51 277 19 31 Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com

Seaman Book	Azerbaijan DQK 030891		030891	31.01.2025	Azerbaij	an	31.01.2030
Certificate of Competency	Azerbaijan	RP	16488	16.01.2025	Azerbaij	an	-
Republic of Azerbaijan	Azerbaijan	C05	522063	17.01.2025	Azerbaij	an	16.01.2035
Do you hold a US Visa '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 rejected for any visa applied for?			YES/NO	NO			
If YES, please state the country and reasons				-			

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	-	-	-

STCW Certificates & Trainings **Training Date Of Issued Country** Certificate No. **Date Issued** Courses Center **Expiry** PERSONAL SURVIVAL TECHNICS Azerbaijan SO-0574-24 **SMPA** 28.02.2024 19.01.2029 SO-0574-24 SMPA 28.02.2024 Azerbaijan 19.01.2029 FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-0574-24 **SMPA** 28.02.2024 19.01.2029 **ELEMENTARY FIRST AID** SMPA SO-0574-24 28.02.2024 19.01.2029 PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan Azerbaijan SO-0574-24 SMPA 28.02.2024 19.01.2029 SAFETY FAMILIARIZATION TRAINING SP-0467-24 **SMPA** 28.02.2024 International Safety Management Azerbaijan 23.01.2029 Proficiency in Survival Craft & Rescue SMPA SI-0106-25 28.01.2025 23.01.2030 Azerbaijan **Boats** Security Awareness Training For All SI-0757-24 SMPA 06.03.2024 Unlimited Azerbaijan Seafarers Security Training For Seafarers With SH-0139-25 SMPA 06.02.2025 Unlimited Azerbaijan **Designated Security Duties** 

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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 GENERAL ASADOV	Azerbaijan	Passenger Ship	549	Wartsila	2621	-	Probationer	16.02.2024	05.07.2024	4 months 19 days	End of Contract
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				4								
								400				
			1	07/								
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								100				

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11 For Engineers (Please provide deta	
11 For Engineers (Please provide deta	ils)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

## **Other Experience**

Azerbaijan Language : Native Turkish Language : Good English Language : Average

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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)

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Medical history	17.06.2025 / 1	7.06.2027
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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References (Please give the na	ame and address of your current or immediate pa	st employer)
Name of company	1	2
Name of person to contact	-	-
Address	-	-
☎ No.		-

17	Declaration
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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: 19.02.2025

Signature

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