



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 5H9DLJJ</b>
<b>Position Applied for:</b>	Cook
<b>Date Available from:</b>	01.01.2024

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: EHDIBAR</b>	<b>Last Name: QULUYEV</b>	
Date of Birth: 02.10.1989	Place of Birth (City and Country): Azerbaijan, AGHJABADI	
Email: qylijev198989@gmail.com	Mobile Number: (+994) 55 535 51 22	
Permanent Address: Yeni ramana, Shusa s	Expected Salary Per Month: 850\$-900\$	
Nationality: Azerbaijan	Alternative rank applying for: Cook	
<b>Person to call in emergency: (+994) 50 413 91 37 Father</b>		

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<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
Sahmar	Guliyev	Male	Father	<b>0 50 413 91 37</b>

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<b>Maritime Education</b>				
<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
Kaspian Education MMC	Azerbaijan	06.2023	10.2023	Course
12 numbered labor college	Azerbaijan	09.2015	06.2016	Course

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<b>Physical Data</b>	
Height	<b>173</b>
Weight	100
Boilersuit Size	XXL
Shoes Size	41
Blood group	O(I)RH+
Additional Physical Information: {You can write any other information you want to add about your physique in this field.}	

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<b>Seamens Book &amp; Identify Docs</b>					
<b>DOCUMENT</b>	<b>COUNTRY</b>	<b>NUMBER</b>	<b>DATE OF ISSUE</b>	<b>PLACE OF ISSUE</b>	<b>DATE OF EXPIRY</b>

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

Seaman Book	Azerbaijan	DQK 025825	22.11.2023	Azerbaijan	22.11.2028	
Certificate of Competency	Azerbaijan	RP13897	14.11.2023	Azerbaijan	-	
Respublic of Azerbaijan	Azerbaijan	C00884384	30.05.2016	Azerbaijan	29.05.2026	
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-	Expiry Date: -
Do you hold a US Visa 'B1/B2'?		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			-			

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### Professional Test

Professional Test Date	Name of Test	Score
-	-	-

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### Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	AMA, BAKU	14.11.2023
Flag State Endorsements	--	-	-

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### STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-4256-23	UAG	16.08.2023	08.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4256-23	UAG	16.08.2023	08.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4256-23	UAG	16.08.2023	08.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4256-23	UAG	16.08.2023	08.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4256-23	UAG	16.08.2023	08.08.2028
International Safety Managment	Azerbaijan	SP-2722-23	UAG	10.08.2023	10.08.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2934-23	UAG	09.08.2023	09.08.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2373-23	UAG	03.08.2023	03.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2073-23	UAG	02.08.2023	02.08.2028

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(Please give a full record starting with the last vessel on which you served)

[illegible]

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**For Engineers (Please provide details)**

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

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**Other Experience**

-
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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	-

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**Insurance,Health Related Documentation**

Medical Certificate (Fit for Duty)	YES/NO	YES
<b>Vaccination</b>		
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**

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 name and address of your current or immediate past employer)

Name of company	1.	2.
Name of person to contact		
Address		
☎ No.		

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**Declaration**

I hereby declare that the above particulars are true and authorise you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with my signature.



Signature

Date: 19.12.2023

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