



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 7JZK4JM
Position Applied for:	Rating forming part of an engine-room watch	
Date Available from:	08.01.2024	

2

Personal Information		Gender: Male
First Name: UMMAN	Last Name: MAMMADZADA	
Date of Birth: 15.10.2003	Place of Birth (City and Country): Azerbaijan, LERIK	
Email: ummanmammadzada@mail.ru	Mobile Number: (+994) 70 557 78 57	
Permanent Address: Baku city, Surakhani d, Hovsan	Expected Salary Per Month:	
Nationality: Azerbaijan	Alternative rank applying for: Rating forming part of an engine-room watch	
Person to call in emergency: (+994) 55 488 31 66 Mother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Ruhangiz	Mammadova	Female	Mother	055 488 31 66

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kaspian Education Center Mmc	Azerbaijan	04.2023	10.2023	Course

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Physical Data	
Height	181
Weight	87
Boilersuit Size	XL
Shoes Size	42
Blood group	A(II)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

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Seaman`s Book & Identify Docs
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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

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 026186	22.12.2023	Azerbaijan	22.12.2028
Certificate of Competency	Azerbaijan	RP14098	13.12.2023	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C04000901	26.10.2023	Azerbaijan	25.10.2033
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	ASMA,BAKU	13.12.2023
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-5136-23	UAG	30.10.2023	27.10.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5136-23	UAG	30.10.2023	27.10.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5136-23	UAG	30.10.2023	27.10.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5136-23	UAG	30.10.2023	27.10.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5136-23	UAG	30.10.2023	27.10.2028
International Safety Management	Azerbaijan	SP-3902-23	UAG	07.12.2023	07.12.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3996-23	UAG	07.11.2023	02.11.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-3472-23	UAG	07.11.2023	04.11.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3158-23	UAG	06.12.2023	24.11.2028

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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

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

[illegible]

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11 For Engineers (Please provide details)

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

12 Other Experience

-

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	-

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)

14 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)

15 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: 08.01.2024

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