



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 1TUVX3W
Position Applied for:	Second Engineer Officer
Date Available from:	01.02.2024

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Personal Information		Gender: Male
First Name: ILHAM	Last Name: YAHYAYEV	
Date of Birth: 01.11.1978	Place of Birth (City and Country): Azerbaijan, UJAR	
Email: i.yahyayev78@gmail.com	Mobile Number: (+994) 50 620 43 85	
Permanent Address: Ujar district, Malikballi village	Expected Salary Per Month: 6000\$	
Nationality: Azerbaijan	Alternative rank applying for: Second Engineer Officer	
Person to call in emergency: (+994) 51 846 58 57 Wife		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Fatma	Yahyayeva	Female	Wife	051 846 58 57
Ayshe	Yahyayeva	Female	Daughter	050 718 54 12

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan Maritime College	Azerbaijan	1996	2000	Sub-bachelor

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Physical Data	
Height	167
Weight	85
Boilersuit Size	XXL
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					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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 018731	17.11.2021	Azerbaijan	17.11.2026
Certificate of Competency	Azerbaijan	0005456	24.09.2021	Azerbaijan	24.09.2026
Republic of Azerbaijan	Azerbaijan	-	-	Azerbaijan	-
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	24.09.2026
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-4186-22	UAG	14.09.2022	14.09.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4186-22	UAG	14.09.2022	14.09.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-4186-22	UAG	14.09.2022	14.09.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4186-22	UAG	14.09.2022	14.09.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4186-22	UAG	14.09.2022	14.09.2027
International Safety Management	Azerbaijan	SP-1487-22	UAG	20.05.2022	20.05.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2267-23	UAG	12.07.2023	12.07.2028
Updating	Azerbaijan	XS-0261-21	UAG	20.09.2021	20.09.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0846-22	UAG	17.05.2022	17.05.2027
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan	ER-0489-21	UAG	18.11.2021	18.11.2026
Leadership & Teamwork	Azerbaijan	DL-0194-21	UAG	19.03.2021	12.03.2026
Advanced Training in Fire Fighting	Azerbaijan	SJ-0586-23	UAG	02.05.2023	28.04.2028
Medical First Aid	Azerbaijan	SN-0679-23	UAG	28.04.2023	20.04.2028

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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
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

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: 12.01.2024

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