



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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Position		identity card PIN Number 5X6HLSM
Position Applied for:	Rating forming part of a navigational watch	
Date Available from:	01.02.2024	

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Personal Information		Gender: Male
First Name: JEYHUN	Last Name: FATALIYEV	
Date of Birth: 10.05.1993	Place of Birth (City and Country): Azerbaijan, KHACMAZ	
Email:ceyhun2181@gmail.com	Mobile Number: (+994) 70 622 21 81	
Permanent Adress: Khacmaz district, Farzali-Oba village	Expected Salary Per Month: 1200\$	
Nationality: Azerbaijan	Alternative rank applying for: Rating forming part of a navigational watch	
Person to call in emergency: (+994) 70 280 52 27 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Rufaddin	Fataliyev	Male	Father	070 280 52 27

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
KAINAT MARITIME MMC	Azerbaijan	04.2023	11.2023	Course

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Physical Data	
Height	168
Weight	75
Boilersuit Size	L
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

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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 026382		11.01.2024	Azerbaijan		11.01.2029
Certificate of Competency	Azerbaijan	RP14166		22.12.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03462521		01.10.2023	Azerbaijan		30.09.2033
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	22.12.2023
Flag State Endorsements	-	-	-

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## STCW Certificates &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-4439-23	UAG	23.08.2023	11.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4439-23	UAG	23.08.2023	11.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4439-23	UAG	23.08.2023	11.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4439-23	UAG	23.08.2023	11.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4439-23	UAG	23.08.2023	11.08.2028
International Safety Management	Azerbaijan	SP-2886-23	UAG	24.08.2023	18.08.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3177-23	UAG	21.08.2023	16.08.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2713-23	UAG	23.08.2023	21.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2269-23	UAG	23.08.2023	22.08.2028

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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: 23.01.2024

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