



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 5UQFSNA
Position Applied for:	Able Seafarer Deck
Date Available from:	01.02.2024

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Personal Information	Gender: Male
First Name: SAMIR	Last Name: ORUJOV
Date of Birth: 31.03.1993	Place of Birth (City and Country): Azerbaijan, BAKU
Email: samir.orucov9393@gmail.com	Mobile Number: (+994) 51 618 18 48
Permanent Address: Khatai district, 8 november, 61	Expected Salary Per Month: 1300\$
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 50 494 19 49 Brother	

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Mansur	Orujov	Male	Brother	0504941949

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat Maritime MMC	Azerbaijan	01.2017	06.2017	Course

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Physical Data	
Height	176
Weight	82
Boilersuit Size	M
Shoes Size	41
Blood group	B(III)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 11520		10.01.2023	Azerbaijan		10.01.2028
Certificate of Competency	Azerbaijan	RP08620		18.07.2018	Azerbaijan		18.07.2028
Republic of Azerbaijan	Azerbaijan	C01408317		24.11.2017	Azerbaijan		23.11.2027
Republic of Panama	Panama	P0551732		24.02.2020	Panama City		05.02.2025
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)	-	-	-
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-5694-22	UAG	29.11.2022	28.11.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5694-22	UAG	29.11.2022	28.11.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-5694-22	UAG	29.11.2022	28.11.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5694-22	UAG	29.11.2022	28.11.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5694-22	UAG	29.11.2022	28.11.2027
International Safety Management	Azerbaijan	SP-4115-23	UAG	21.12.2023	21.12.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2991-22	UAG	26.09.2022	26.09.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1976-22	UAG	19.08.2022	19.08.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3495-23	UAG	26.12.2023	26.12.2028
Proficiency in Fast Rescue Boats	Azerbaijan	SU-0001-23	UAG	12.01.2023	12.01.2028

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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	YES
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.VIYA SHIPPING	2.VIYA SHIPPING
Name of person to contact	Yunus Emre	Harun Bey
Address	-	-
☎ No.	+90 545 599 86 40	+90 543 546 91 19

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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.

Date: 31.01.2024

Signature

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