



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

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| Position | identity card PIN Number 0Y9Y6GX |
| Position Applied for: | Chief Engineer |
| Date Available from: | 02.02.2024 |

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| Personal Information | | Gender: Male |
| First Name: AYAZ | Last Name: ADILOV | |
| Date of Birth: 11.04.1974 | Place of Birth (City and Country): Azerbaijan, ISMAYILLI | |
| Email:- | Mobile Number: (+994) 55 726 03 46 | |
| Permanent Adress: Ismayilli district, Galaciq village | Expected Salary Per Month: 5000\$ | |
| Nationality: Azerbaijan | Alternative rank applying for: - | |
| Person to call in emergency: (+994) 50 393 08 05 Wife | | |

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|--|------------------|---------------|-----------------|----------------|
| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
| First Name | Last Name | Gender | Relation | Contact |
| Mahira | Adilova | Female | Wife | 050 393 08 05 |
| | | | | |

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|---------------------------------|----------------|-------------|-----------|----------------------------------|
| Maritime Education | | | | |
| Name of school | Country | From | To | Type of degree or diploma |
| Azerbaijan State Marine Academy | Azerbaijan | 1991 | 1997 | Bachelor |
| | | | | |

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|---|-----------|
| Physical Data | |
| Height | 166 |
| Weight | 76 |
| Boilersuit Size | L |
| 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 |
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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 022963 | 11.03.2023 | Azerbaijan | 11.03.2028 |
| Certificate of Competency | Azerbaijan | 0000425 | 03.04.2023 | Azerbaijan | 15.02.2028 |
| 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) | - | - | - |
| 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-4173-23 | UAG | 11.08.2023 | 28.07.2028 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-4173-23 | UAG | 11.08.2023 | 28.07.2028 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-4173-23 | UAG | 11.08.2023 | 28.07.2028 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-4173-23 | UAG | 11.08.2023 | 28.07.2028 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-4173-23 | UAG | 11.08.2023 | 28.07.2028 |
| International Safety Management | Azerbaijan | SP-3929-23 | UAG | 07.12.2023 | 07.12.2028 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-0514-20 | UAG | 20.07.2020 | 23.06.2025 |
| Proficiency in Fast Rescue Boats | Azerbaijan | SU-0141-23 | UAG | 11.04.2023 | 11.04.2028 |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-2537-22 | UAG | 27.12.2022 | 27.12.2027 |
| Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2) | Azerbaijan | ER-0508-22 | UAG | 26.08.2022 | 26.08.2027 |
| Leadership & Teamwork | Azerbaijan | DL-0999-22 | UAG | 24.06.2022 | 24.06.2027 |
| Advanced Training in Fire Fighting | Azerbaijan | SJ-1326-23 | UAG | 20.10.2023 | 20.10.2028 |
| Medical First Aid | Azerbaijan | SN-0303-23 | UAG | 23.02.2023 | 23.02.2028 |
| Updating | Azerbaijan | XS-0133-23 | UAG | 21.02.2023 | 15.02.2028 |

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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)

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

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Other Experience

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| - |
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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

| | | |
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| 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

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| 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: 02.02.2024

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