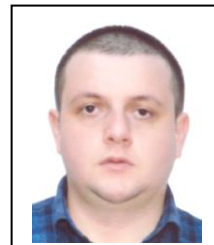




UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 5QH6JK8
Position Applied for:	Cook
Date Available from:	-

2

Personal Information	Gender: Male
First Name: SADIG	Last Name: RUSTAMOV
Date of Birth: 03.04.1994	Place of Birth (City and Country): Azerbaijan, MINGACHEVIR
Email: rustemov0304gmail.com@mail.ru	Mobile Number: (+994) 50 453 08 03
Permanent Address: Vahid street, Mingachevir, Azerbaijan	Expected Salary Per Month: 1600\$
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 51 590 75 77 Father	

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Ilham	Rustamov	Male	Father	+994 51 590 75 77

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kaspian Education Center	Azerbaijan	09.2021	01.2022	Course

5

Physical Data	
Height	170
Weight	89
Boilersuit Size	XL
Shoes Size	41
Blood group	O(I)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

6

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 Chernenzemenli 119c,Afen Plaza Business Center 5nd floor,apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

Seaman Book	Azerbaijan	DQK 019615		02.04.2022	Azerbaijan		02.04.2027
Certificate of Competency	Azerbaijan	RP11176		01.04.2022	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C04005900		01.02.2024	Azerbaijan		31.01.2034
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				-			

7

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8

License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-0667-22	UAG	17.02.2022	17.02.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0667-22	UAG	17.02.2022	17.02.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-0667-22	UAG	17.02.2022	17.02.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0667-22	UAG	17.02.2022	17.02.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0667-22	UAG	17.02.2022	17.02.2027
International Safety Management	Azerbaijan	SP-0834-22	UAG	11.04.2022	11.04.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0613-22	UAG	18.03.2022	18.03.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0274-22	UAG	11.02.2022	11.02.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0324-22	UAG	09.03.2022	09.03.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0249-22	UAG	06.05.2022	06.05.2027

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

[illegible]

- Ship Management
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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)

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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)

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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. KRISTINA MARITIME	2. AERIAL MANAGEMENT CORP
Name of person to contact	-	-
Address	2B/1 BOLSHAYA ARNAUTSKAYA Street	Trust company complex , Ajeltake Road
☎ No.	+380482333200	+380675554526

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Declaration

I hereby declare that the above particulars are true and authorize you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with my signature.

Date: 15.02.2024

Signature

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