



**UNITED ALLIANCE GROUP LTD**

**AZERBAIJAN BRANCH**



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 644SF35</b>
<b>Position Applied for:</b>	Rating forming part of a navigational watch
<b>Date Available from:</b>	-

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<b>Personal Information</b>	<b>Gender: Male</b>
<b>First Name: NURADDIN</b>	<b>Last Name: SOLTANOV</b>
Date of Birth: 20.06.1994	Place of Birth (City and Country): Azerbaijan, DAVACHI
Email: nureddinsoltanov05@gmail.com	Mobile Number: (+994) 70 864 56 14
Permanent Address: Shabra district Shahnazarli village	Expected Salary Per Month:
Nationality: Azerbaijan	Alternative rank applying for: -
<b>Person to call in emergency: (+994) 70 447 82 83 Brother</b>	

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<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
Firuz	Soltanov	Male	Brother	+994 70 447 82 83

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<b>Maritime Education</b>				
<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
Kainat Maritime MMC	Azerbaijan	07.2021	01.2022	Course

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<b>Physical Data</b>	
Height	<b>180</b>
Weight	72
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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<b>Seaman`s Book &amp; Identify Docs</b>					
<b>DOCUMENT</b>	<b>COUNTRY</b>	<b>NUMBER</b>	<b>DATE OF ISSUE</b>	<b>PLACE OF ISSUE</b>	<b>DATE OF EXPIRY</b>

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 018955		23.12.2021	Azerbaijan		23.12.2026
Certificate of Competency	Azerbaijan	RP11367		31.05.2022	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C00474607		09.11.2014	Azerbaijan		08.11.2024
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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## License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
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-1535-22	UAG	13.04.2022	05.04.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1535-22	UAG	13.04.2022	05.04.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-1535-22	UAG	13.04.2022	05.04.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1535-22	UAG	13.04.2022	05.04.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1535-22	UAG	13.04.2022	05.04.2027
International Safety Management	Azerbaijan	SP-2090-22	UAG	07.07.2022	30.06.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0855-22	UAG	13.04.2022	01.04.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0746-22	UAG	13.04.2022	02.03.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1276-22	UAG	05.07.2022	13.06.2027

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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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**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 authorize you to contact the referees listed above.

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

Date: 16.02.2024

\_\_\_\_\_  
Signature

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