



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>		<b>identity card PIN Number 5NXJ6PL</b>
<b>Position Applied for:</b>	Rating forming part of an engine-room watch	
<b>Date Available from:</b>	-	

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: ELVIN</b>	<b>Last Name: MAYILZADE</b>	
Date of Birth: 20.08.1992	Place of Birth (City and Country): Azerbaijan, NEFTCHALA	
Email: mayilovelvin897@gmail.com	Mobile Number: (+994) 50 998 46 75	
Permanent Address: Girmizikand village , Neftchala district, Azerbaijan	Expected Salary Per Month: 1200\$-1500\$	
Nationality: Azerbaijanian	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) 50 684 12 81 Mother</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>
Malahat	Mayilova	Female	Mother	+994 50 684 12 81

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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>
Kapian Education Center	Azerbaijan	07.2022	12.2022	Course

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<b>Physical Data</b>	
Height	<b>190</b>
Weight	85
Boilersuit Size	XL
Shoes Size	43
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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<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 022797		23.02.2023	Azerbaijan		23.02.2028
Certificate of Competency	Azerbaijan	RP08135		15.02.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02998518		18.03.2023	Azerbaijan		17.03.2033
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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**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 & Trainings**

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-3620-22	SOCAR	09.08.2022	08.08.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3620-22	SOCAR	09.08.2022	08.08.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-3620-22	SOCAR	09.08.2022	08.08.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3620-22	SOCAR	09.08.2022	08.08.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3620-22	SOCAR	09.08.2022	08.08.2027
International Safety Management	Azerbaijan	SP-3159-22	SOCAR	17.10.2022	17.10.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2408-22	SOCAR	17.08.2022	17.08.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1229-19	SOCAR	08.05.2019	03.05.2024

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**11 For Engineers (Please provide details)**

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

**12 Other Experience**

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**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
<b>Vaccination</b>		
Yellow Fever	YES/NO	NO
COVID-19	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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**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.-	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.



Signature

Date: 22.02.2024

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