



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 6A2SWQW</b>
<b>Position Applied for:</b>	Able Seafarer Deck
<b>Date Available from:</b>	-

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: ZAUR</b>	<b>Last Name: MAMMADZADA</b>	
Date of Birth: 10.10.1998	Place of Birth (City and Country): Azerbaijan, BAKU	
Email:-	Mobile Number: (+994) 50 555 05 95	
Permanent Address: Baku city, Khazar district , Mardakan settl , Kolkhozov street, Home 7	Expected Salary Per Month: 1300\$	
Nationality: Azerbaijanian	Alternative rank applying for: Boatswain	
Person to call in emergency: (+994) 50 569 00 90		

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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>
Intigam	Mammadov	Male	Father	+994 5 569 00 90

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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>
Azerbaijan State Maritime College	Azerbaijan	2014	2018	Sub-Bachelor

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<b>Physical Data</b>	
Height	170
Weight	78
Boilersuit Size	M
Shoes Size	42
Blood group	AB(VI)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>
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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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 024499		25.07.2023	Azerbaijan		25.07.2028
Certificate of Competency	Azerbaijan	RP13207		13.07.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03120203		15.09.2020	Azerbaijan		14.09.2030
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 TECHNICS	Azerbaijan	SO-0104-20	ASMA	27.01.2020	27.01.2025
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0104-20	ASMA	27.01.2020	27.01.2025
ELEMENTARY FIRST AID	Azerbaijan	SO-0104-20	ASMA	27.01.2020	27.01.2025
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0104-20	ASMA	27.01.2020	27.01.2025
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0104-20	ASMA	27.01.2020	27.01.2025
International Safety Management	Azerbaijan	SP-0081-20	ASMA	23.01.2020	23.01.2025
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0070-20	ASMA	27.01.2020	27.01.2025
Security Awareness Training For All Seafarers	Azerbaijan	SI-0061-20	ASMA	21.01.2020	21.01.2025
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2491-22	ASMA	21.12.2022	21.12.2027

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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

- Sale & Purchasing
- Ship Agency
- Exclusive Cargo Brokering
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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: 01.03.2024

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 Signature

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