



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 54WXWE6
Position Applied for:	Able Seafarer Deck	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: ELVIN	Last Name: NAJMADDINOV	
Date of Birth: 06.08.1991	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: necmeddinov90@mail.ru	Mobile Number: (+994) 55 426 56 00	
Permanent Address: Bahruz Nuriyev street , Home 32, Building 132	Expected Salary Per Month: 1200\$-1500\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 51 926 56 56 Brother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Javid	Najmaddinov	Male	Brother	+994 51 926 56 56

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan Shipping Company	Azerbaijan	2009	2010	Course

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Physical Data	
Height	178
Weight	80
Boilersuit Size	L
Shoes Size	44
Blood group	AB(IV)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					
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 Chemenzemeli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

Seaman Book	Azerbaijan	DQK 022162		07.12.2022	Azerbaijan		07.12.2027
Certificate of Competency	Azerbaijan	RP03253		02.08.2018	Azerbaijan		02.08.2028
Republic of Azerbaijan	Azerbaijan	C03115622		21.01.2023	Azerbaijan		20.01.2033
Seaman Book Flag State	Marshall	MH 857384		04.03.2022	Azerbaijan		03.03.2027
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-3825-22	UAG	18.08.2022	10.09.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3825-22	UAG	18.08.2022	10.09.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-3825-22	UAG	18.08.2022	10.09.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3825-22	UAG	18.08.2022	10.09.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3825-22	UAG	18.08.2022	10.09.2027
International Safety Management	Azerbaijan	SP-2452-22	UAG	18.08.2022	0208.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2456-22	UAG	19.08.2022	01.08.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1991-22	UAG	19.08.2022	08.07.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3035-23	UAG	20.11.2023	17.11.2028

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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)

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
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

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.UGAZAN MARITIME LTD	2.-
Name of person to contact	-	-
Address	Sarfo Denizcilik ve Ticaret A.S	-
☎ No.	+90 212 287 73 36	-

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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: 05.03.2024

Signature

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