



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 0SMNSU1
Position Applied for:	Able Seafarer Deck	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: VAHID	Last Name: AGHAJANOV	
Date of Birth: 17.04.1978	Place of Birth (City and Country): Azerbaijan, NEFTCHALA	
Email: vahidagacanov@gmail.com	Mobile Number: (+994) 50 331 29 95	
Permanent Address: 17/4-A, M.Asadov street, Neftchala, Azerbaijan	Expected Salary Per Month: 1300\$	
Nationality: Azrbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 55 753 20 57 Wife		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Maryam	Aghajanova	Female	Wife	+994 55 735 20 57

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	1993	1997	Bachelor

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Physical Data	
Height	168
Weight	80
Boilersuit Size	M
Shoes Size	42
Blood group	O(I)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

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 022759		18.02.2023	Azerbaijan		18.02.2028
Certificate of Competency	Azerbaijan	RP07916		10.02.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C00843642		19.12.2016	Azerbaijan		18.12.2026
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-0450-23	ASMA	30.01.2023	13.01.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0450-23	ASMA	30.01.2023	13.01.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-0450-23	ASMA	30.01.2023	13.01.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0450-23	ASMA	30.01.2023	13.01.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0450-23	ASMA	30.01.2023	13.01.2028
International Safety Management	Azerbaijan	SP-0268-23	ASMA	26.01.2023	06.01.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0302-23	ASMA	30.01.2023	19.01.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0283-23	ASMA	26.01.2023	17.01.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0195-23	ASMA	26.01.2023	18.01.2028

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Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenezmenli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

(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.STEVEDORING LLC	2.-
Name of person to contact	Habil Bey	-
Address	-	-
☎ No.	+994 55 500 47 52	-

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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: 06.03.2024

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