



**UNITED ALLIANCE GROUP LTD**

**AZERBAIJAN BRANCH**



## APPLICATION FORM

1

<b>Position</b>	<b>identity card PIN Number 2JM12B2</b>
<b>Position Applied for:</b>	Able Seafarer Engine
<b>Date Available from:</b>	-

2

<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: ZOHRAB</b>	<b>Last Name: ALIYEV</b>	
Date of Birth: 27.01.1984	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: -	Mobile Number: (+994) 55 939 62 97 ; +994 12 456 93 76	
Permanent Address: Samad Vurghun street, Pirallahi settlement , Pirallahi district , Baku , Azerbaijan	Expected Salary Per Month: 1200 \$	
Nationality: Azerbaijan	Alternative rank applying for:-	
Person to call in emergency: (+994) 70 571 37 13 Wife		

3

<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>
Asmar	Aliyeva	Female	Wife	+994 70 571 37 13

4

<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>
-	-	-	-	-

5

<b>Physical Data</b>	
Height	170
Weight	60
Boilersuit Size	S
Shoes Size	41
Blood group	A(II)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

6

<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 020481		09.06.2022	Azerbaijan		09.06.2027
Certificate of Competency	Azerbaijan	RP01925		13.09.2019	Azerbaijan		13.09.2029
Republic of Azerbaijan	Azerbaijan	C04114171		13.06.2022	Azerbaijan		12.06.2032
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				-			

7

**Professional Test**

Professional Test Date	Name of Test	Score
-	-	-

8

**License**

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

9

**STCW Certificates & Trainings**

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-0469-24	UAG	23.02.2024	23.02.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0469-24	UAG	23.02.2024	23.02.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-0469-24	UAG	23.02.2024	23.02.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0469-24	UAG	23.02.2024	23.02.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0469-24	UAG	23.02.2024	23.02.2029
International Safety Management	Azerbaijan	SP-3588-22	UAG	02.12.2022	24.11.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4621-23	UAG	28.12.2023	28.12.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-3647-23	IST	20.11.2023	20.11.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2378-22	UAG	02.12.2022	02.12.2027

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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	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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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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16

**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.	-	-

17

**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: 11.03.2024

\_\_\_\_\_  
Signature

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