



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1 Position identity card PIN Number 5LZK93Q

Position Applied for: Electro – Technical Rating

Date Available from: -

2 Personal Information Gender: Male

First Name: NIJAT

Last Name: SULEYMANZADA

Date of Birth: 27.08.1993

Place of Birth (City and Country): Azerbaijan , SABIRABAD

Email: nicatsuleymanzade44@gmail.com

Mobile Number: (+994) 50 573 79 50

Permanent Address: Baku city, Binagadi district, Mir Celal 103, Home 116

Expected Salary Per Month: -

Nationality: Azerbaijan

Alternative rank applying for: -

Person to call in emergency: (+994) 50 555 6165 Wife

3 Family Details: (If Unmarried kindly give details of Father / Mother)

First Name	Last Name	Gender	Relation	Contact
Ruqiyya	Suleymanzade	Male	Wife	+994 50 555 61 65

4 Maritime Education

Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2012	2016	Bachelor

5 Physical Data

Height	162
Weight	63
Boilersuit Size	S
Shoes Size	39-40
Blood group	B(III)RH+

Additional Physical Information:{You can write any other information you want to add about your physique in this field.}

6 Seaman`s Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
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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

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 026826		20.02.2024	Azerbaijan		20.02.2029
Certificate of Competency	Azerbaijan	RP07509		09.02.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03662968		16.01.2024	Azerbaijan		15.01.2034
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-0058-24	SMPA	12.01.2024	12.01.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0058-24	SMPA	12.01.2024	12.01.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-0058-24	SMPA	12.01.2024	12.01.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0058-24	SMPA	12.01.2024	12.01.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0058-24	SMPA	12.01.2024	12.01.2029
International Safety Management	Azerbaijan	SP-4173-23	SMPA	29.12.2023	29.12.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0128-24	SMPA	19.01.2024	18.01.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0074-24	SMPA	09.01.2024	30.12.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0011-24	SMPA	07.01.2024	07.01.2029

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(Please give a full record starting with the last vessel on which you served)

[illegible]

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11 For Engineers (Please provide details)

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

12 Other Experience

-

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
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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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.

Date: 11.03.2024

Signature

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