



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 70RQEHHW
Position Applied for:	Rating forming part of a navigational watch	
Date Available from:	20.03.2024	

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Personal Information		Gender: Male
First Name: SAMRAN	Last Name: ALIYEV	
Date of Birth: 18.05.2002	Place of Birth (City and Country): Azerbaijan, ASTARA	
Email:	Mobile Number: (+994) 10 811 41 19	
Permanent Address: Shahaghaj village, Astara district, Azerbaijan	Expected Salary Per Month: 1200\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 993 88 74 Brother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Samid	Aliyev	Male	Brother	+994 50 993 88 74

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kaspian Education Center	Azerbaijan	07.2022	12.2022	Course

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Physical Data	
Height	160
Weight	68
Boilersuit Size	S
Shoes Size	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.}	

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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 Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

Seaman Book	Azerbaijan	DQK 022843	28.02.2023	Azerbaijan	28.02.2028
Certificate of Competency	Azerbaijan	RP12498	20.02.2023	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C02998238	29.03.2023	Azerbaijan	28.03.2033
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 TECHNICS	Azerbaijan	SO-4220-22	SMPA	14.09.2022	14.09.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4220-22	SMPA	14.09.2022	14.09.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-4220-22	SMPA	14.09.2022	14.09.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4220-22	SMPA	14.09.2022	14.09.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4220-22	SMPA	14.09.2022	14.09.2027
International Safety Management	Azerbaijan	SP-2834-22	SMPA	21.09.2022	21.09.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2936-22	SMPA	21.09.2022	19.09.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-2215-22	SMPA	15.09.2022	15.09.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1878-22	SMPA	23.09.2022	23.09.2027

Ship Management
ISM&ISPS Management
Ship Agency
Consultations
Provision, Ship Supply

Yacht Management
Technical Management
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New Building & Repair

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

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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)

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)

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.



Signature

Date: 15.03.2024

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