

**UNITED ALLIANCE GROUP LTD****AZERBAIJAN BRANCH**

## APPLICATION FORM

**1**

<b>Position</b>	<b>identity card PIN Number 1EJBK07</b>
<b>Position Applied for:</b>	Officer in charge of a Navigational Watch
<b>Date Available from:</b>	-

**2**

<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: ANAR</b>	<b>Last Name: MOVLANOV</b>	
Date of Birth: 16.02.1980	Place of Birth (City and Country): Azerbaijan, BAKU	
Email:-	Mobile Number: (+994) 55 709 61 44	
Permanent Address: Baku city, Khatai district , Ganca pr , Home 103	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) 10 385 09 34 Son</b>		

**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>
Said	Movlanov	Male	Son	+994 10 385 09 34

**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>
Azerbaijan Marine Fishing Industry Technical School	Azerbaijan	2004	2008	Sub-Bachelor

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<b>Physical Data</b>	
Height	<b>165</b>
Weight	55
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 023190		06.04.2023	Azerbaijan		06.04.2028
Certificate of Competency	Azerbaijan	0004911		28.03.2023	Azerbaijan		16.01.2028
Republic of Azerbaijan	Azerbaijan	C00206517		14.02.2014	Azerbaijan		13.02.2024
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-0876-19	SMPA	31.03.2019	12.02.2024
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0876-19	SMPA	31.03.2019	12.02.2024
ELEMENTARY FIRST AID	Azerbaijan	SO-0876-19	SMPA	31.03.2019	12.02.2024
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0876-19	SMPA	31.03.2019	12.02.2024
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0876-19	SMPA	31.03.2019	12.02.2024
International Safety Management	Azerbaijan	SP-0083-23	SMPA	18.01.2023	18.01.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0205-23	SMPA	24.01.2023	24.01.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0137-23	SMPA	17.01.2023	13.01.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0645-21	SMPA	18.08.2021	27.04.2026
Ship Security Officer	Azerbaijan	SG-0375-19	SMPA	30.08.2019	21.06.2024
Leadership & Teamwork	Azerbaijan	DL-0044-23	SMPA	30.01.2023	30.01.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-0624-20	SMPA	11.12.2020	23.10.2025
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	-	SMPA	-	-
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	-	SMPA	-	-
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan	-	SMPA	-	-
Medical First Aid	Azerbaijan	SN-0008-20	SMPA	09.01.2020	27.11.2024
Medical Care	Azerbaijan		SMPA		
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0032-23	SMPA	31.01.2023	31.01.2028
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0059-23	SMPA	24.01.2023	09.01.2028
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0025-23	SMPA	25.01.2023	25.01.2028
Bridge Resource Management	Azerbaijan	SW-0018-23	SMPA	23.01.2023	23.01.2028
Ship Handling and Maneuvering	Azerbaijan		SMPA		
Updating	Azerbaijan	XS-0011-23	SMPA	16.01.2023	16.01.2028
1000v	Azerbaijan	-	SMPA		

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

[illegible]

- Sale & Purchasing
- Ship Agency
- Exclusive Cargo Brokering
- Bunker Supply
- Technical Services

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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
<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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**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. -	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: 16.03.2024

\_\_\_\_\_  
Signature

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