



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 5XARAWB	
Position Applied for:		Cook	
Date Available from:		-	

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Personal Information		Gender: Male	
First Name: JAVIDAN		Last Name: ORUJOV	
Date of Birth: 05.06.1996		Place of Birth (City and Country): Azerbaijan, ASTARA	
Email: dzavidano@gmail.com		Mobile Number: (+994) 50 462 94 51	
Permanent Address: Astara district , Shahaghaci village, Azerbaijan		Expected Salary Per Month: 1200\$-2000\$	
Nationality: Azerbaijan		Alternative rank applying for: -	
Person to call in emergency: (+994) 51 771 96 41 Brother			

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Vusal	Orujov	Male	Brother	+994 51 771 96 41

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
IST Services	Azerbaijan	04.2023	08.2023	Course

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Physical Data	
Height	173
Weight	68
Boilersuit Size	L
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					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 026102	15.12.2023	Azerbaijan	15.12.2028

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

Certificate of Competency	Azerbaijan	RP13677	03.10.2023	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	-	-	Azerbaijan	-
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-2128-23	IST	12.05.2023	05.05.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2128-23	IST	12.05.2023	05.05.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-2128-23	IST	12.05.2023	05.05.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2128-23	IST	12.05.2023	05.05.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2128-23	IST	12.05.2023	05.05.2028
International Safety Management	Azerbaijan	SP-0005-24	IST	10.01.2024	10.01.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0007-24	IST	07.01.2024	07.01.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-1312-23	IST	15.05.2023	08.05.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0079-24	IST	12.01.2024	12.01.2029
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0012-24	IST	18.01.2024	18.01.2029

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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
Vien Group – Absheron Catering And Services (02.03.2024) -certificate ; Worked as an assistant on Prime Exenter platform	

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	
Vaccination				
Yellow Fever			YES/NO	NO
COVID-19			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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14	Medical history		
Have you ever signed off a ship due to medical reasons?		YES/NO	
Have you undergone any operation in the past?		YES/NO	
Have you consulted a doctor during the last 12 months for an illness/accident?		YES/NO	
Do you have any health or disability problems now?		YES/NO	
Do you take any medications regularly?		YES/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	
Have you ever had a professional license suspended or revoked?		YES/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: _____

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