



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 16N0URT
Position Applied for:	Cook
Date Available from:	-

2

Personal Information	Gender: Male
First Name: FUZULI	Last Name: HUSEYNOV
Date of Birth: 19.09.1968	Place of Birth (City and Country): Azerbaijan , UJAR
Email: F.eyyub.ucar61@gmail.com	Mobile Number: (+994) 50 516 37 25
Permanent Address: Ujar district, Gazigumag village, Azerbaijan	Expected Salary Per Month: 1500\$
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 77 556 57 05 Son	

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Eyyub	Feyzullayev	Male	Son	+994 556 57 05

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kapian Education Center	Azerbaijan	08.2023	12.2023	Course

5

Physical Data	
Height	170
Weight	73
Boilersuit Size	XXL
Shoes Size	42
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

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 026791		16.02.2024	Azerbaijan		16.02.2029
Certificate of Competency	Azerbaijan	RP14371		30.01.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03263356		19.02.2024	Azerbaijan		18.02.2034
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				-			

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-0041-24	SMPA	12.01.2024	12.01.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0041-24	SMPA	12.01.2024	12.01.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-0041-24	SMPA	12.01.2024	12.01.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0041-24	SMPA	12.01.2024	12.01.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0041-24	SMPA	12.01.2024	12.01.2029
International Safety Management	Azerbaijan	SP-0420-21	SMPA	23.02.2024	22.02.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0124-24	SMPA	19.01.2024	19.01.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0130-24	SMPA	15.01.2024	15.01.2029
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3486-23	SMPA	21.12.2023	15.12.2028

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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

He worked as a salesman in Russia

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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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: 19.03.2024

Signature

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