



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1 **Position** **identity card PIN Number 61X8VF**

Position Applied for: Rating forming part of an engine-room watch
Date Available from: -

2 **Personal Information** **Gender: Male**

First Name: ELGIZ **Last Name: SALIMOV**
Date of Birth: 03.06.1995 Place of Birth (City and Country): Azerbaijan, BAKU
Email: Elgiz_Selimov@mail.ru Mobile Number: (+994) 55 828 68 89
Permanent Address: Baku city, Khatai district, Yavar Safarov street, Home 5/8 Expected Salary Per Month: -
Nationality: Azerbaijanian Alternative rank applying for:
Fitter
Person to call in emergency: (+994) 50 614 06 15 Father

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

First Name	Last Name	Gender	Relation	Contact
Mubariz	Salimov	Male	Father	+994506140615

4 **Maritime Education**

Name of school	Country	From	To	Type of degree or diploma
Azerbaijan Caspian Shipping Company	Azerbaijan	02.2016	05.2017	Course

5 **Physical Data**

Height **177**
Weight **67**
Boilersuit Size **M**
Shoes Size **43**
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 **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 Chernenzemenli 119c,Afen Plaza Business Center 5nd floor,apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

Seaman Book	Azerbaijan	DQK 026876	22.02.2024	Azerbaijan	22.02.2029
Certificate of Competency	Azerbaijan	RP14479	14.02.2024	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C00899904	14.09.2015	Azerbaijan	13.09.2025
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-5030-22	SMPA	31.10.2022	27.10.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5030-22	SMPA	31.10.2022	27.10.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-5030-22	SMPA	31.10.2022	27.10.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5030-22	SMPA	31.10.2022	27.10.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5030-22	SMPA	31.10.2022	27.10.2027
International Safety Management	Azerbaijan	SP-0024-24	SMPA	10.01.2024	10.01.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0102-24	SMPA	19.01.2024	19.01.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0291-24	SMPA	30.01.2024	22.01.2029
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0084-24	SMPA	12.01.2024	12.01.2029

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11 For Engineers (Please provide details)

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

12 Other Experience

Welder ,Fitter

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.

Date: 27.03.2024

Signature

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