



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

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| Position | identity card PIN Number 1CTNQ3G |
| Position Applied for: | Officer in charge of an Engineering Watch |
| Date Available from: | - |

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|---|---|---------------------|
| Personal Information | | Gender: Male |
| First Name: VALEH | Last Name: MALIKOV | |
| Date of Birth: 01.06.1975 | Place of Birth (City and Country): Azerbaijan, LANKARAN | |
| Email: melikovaleh75@gmail.com | Mobile Number: (+994) 70 673 00 15 | |
| Permanent Address: Baku city, Surakhani district, Hovsan | Expected Salary Per Month: - | |
| Nationality: Azerbaijan | Alternative rank applying for: - | |
| Person to call in emergency: (+994) 70 273 00 12 Son | | |

3

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|--|------------------|---------------|-----------------|-------------------|
| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
| First Name | Last Name | Gender | Relation | Contact |
| Anar | Malikzada | Male | Son | +994 70 273 00 12 |
| | | | | |

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|---|----------------|-------------|-----------|----------------------------------|
| Maritime Education | | | | |
| Name of school | Country | From | To | Type of degree or diploma |
| Hastarkhan Fishing Technical University | Russia | 2012 | 2016 | Sub-bachelor |
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| Physical Data | |
| Height | 178 |
| Weight | 88 |
| Boilersuit Size | XL |
| Shoes Size | 44 |
| 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 |

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

| | | | | | |
|--|------------|------------|-------------|------------|----------------|
| Seaman Book | Azerbaijan | DQK 023333 | 18.04.2023 | Azerbaijan | 18.04.2028 |
| Certificate of Competency | Azerbaijan | 0005623 | 12.02.2020 | Azerbaijan | 12.02.2025 |
| Republic of Azerbaijan | Azerbaijan | C02063186 | 27.05.2018 | Azerbaijan | 26.05.2028 |
| 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-1524-21 | SMPA | 09.07.2021 | 02.07.2026 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-1524-21 | SMPA | 09.07.2021 | 02.07.2026 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-1524-21 | SMPA | 09.07.2021 | 02.07.2026 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-1524-21 | SMPA | 09.07.2021 | 02.07.2026 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-1524-21 | SMPA | 09.07.2021 | 02.07.2026 |
| International Safety Management | Azerbaijan | SP-0021-21 | SMPA | 15.01.2021 | 23.12.2025 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-1533-22 | SMPA | 10.06.2022 | 10.06.2027 |
| Security Awareness Training For All Seafarers | Azerbaijan | SI- | SMPA | | |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-3344-23 | SMPA | 15.12.2023 | 15.12.2028 |
| Dangerous, hazardous and harmful cargoes | Azerbaijan | SK-0248-23 | SMPA | 17.04.2023 | 17.04.2028 |
| Leadership & Teamwork | Azerbaijan | DL-0374-19 | SMPA | 26.12.2019 | 26.12.2028 |
| Advanced Training in Fire Fighting | Azerbaijan | SJ-1525-23 | SMPA | 08.12.2023 | 07.12.2028 |
| Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2) | Azerbaijan | ER-0353-23 | SMPA | 12.12.2023 | 12.12.2028 |
| Medical First Aid | Azerbaijan | SN-084019 | SMPA | 06.12.2019 | 06.12.2024 |

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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)

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

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Other Experience

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| - |
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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 |
| 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)

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Medical history

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| 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

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| 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: 28.03.2024

Signature

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