

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

## APPLICATION FORM

**1**

<b>Position</b>	<b>identity card PIN Number 2C4M4ZT</b>
<b>Position Applied for:</b>	Second Engineer
<b>Date Available from:</b>	-

**2**

<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: ANAR</b>	<b>Last Name: AZIZOV</b>	
Date of Birth: 25.05.1980	Place of Birth (City and Country): Azerbaijan , BAKU	
Email: anaraziz25@gmail.com	Mobile Number: (+994) 77 352 44 24	
Permanent Address: 57N/62D , Mirza Shafi Vazeg street , Hovsan settl, Surakhani district , Baku, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) 50 41880 08 Wife</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>
Mahnur	Azizova	Male	Wife	+994703524424

**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>
Volga State Weather University	Russia	2014	2018	Bachelor

**5**

<b>Physical Data</b>	
Height	<b>182</b>
Weight	90
Boilersuit Size	XL
Shoes Size	43
Blood group	O(I)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>
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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 Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 025931		02.12.2023	Azerbaijan		02.12.2028
Certificate of Competency	Azerbaijan	0001835		02.12.2019	Azerbaijan		02.12.2024
Republic of Azerbaijan	Azerbaijan	C03950437		04.06.2023	Azerbaijan		03.06.2033
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 &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-2588-22	SMPA	08.06.2022	08.06.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2588-22	SMPA	08.06.2022	08.06.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-2588-22	SMPA	08.06.2022	08.06.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2588-22	SMPA	08.06.2022	08.06.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2588-22	SMPA	08.06.2022	08.06.2027
International Safety Management	Azerbaijan	SP-1894-22	SMPA	23.06.2022	23.06.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2645-23	SMPA	21.07.2023	21.07.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-3080-23	SMPA	08.12.2023	07.12.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3147-23	SMPA	06.12.2023	06.12.2028
Engine Resource Management	Azerbaijan	ER-0389-22	SMPA	17.06.2022	17.06.2027
Leadership & Teamwork	Azerbaijan	DL-1337-22	SMPA	19.08.2022	19.08.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0999-23	SMPA	31.07.2023	28.07.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0116-21	SMPA	23.04.2021	23.04.2023
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-1596-23	SMPA	20.10.2023	20.10.2028
Medical Care	Azerbaijan	-	SMPA	-	-
Proficiency in Fast Rescue Boats	Azerbaijan	SU-01119-21	SMPA	21.04.2021	21.04.2026
Basic Offshore Safety Induction & Emergency Training With Ca-EBS	Azerbaijan	052575024022300758	OIT	24.02.2023	23.02.2027
Maintenance of the DP System	Azerbaijan	DPM009/21	ASCO	25.03.2021	Unlimited
Record of Attendance & Training	-	-	Subsea	05.10.2022	05.10.2025

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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**

-

**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
<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)

**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: 02.04.2024

\_\_\_\_\_  
Signature

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