



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position		identity card PIN Number 6LK0NEM
Position Applied for:	Rating forming part of a navigational watch	
Date Available from:	-	

2

Personal Information		Gender: Male
First Name: FARID	Last Name: MAHMUDOV	
Date of Birth: 17.02.1998	Place of Birth (City and Country): Russian Federation, TYUMEN	
Email: feridmahmud740@gmail.com	Mobile Number: (+994) 77 740 74 14	
Permanent Address: Khacmaz district , village, Azerbaijan	Expected Salary Per Month: 1000\$	
Nationality: Azerbaijanian	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 673 54 64		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Gabil	Mahmudov	Male	Father	+994 50 673 54 64

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat Maritime MMC	Azerbaijan	04.2018	10.2018	Course

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Physical Data	
Height	174
Weight	64
Boilersuit Size	M
Shoes Size	42
Blood group	A(II)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 018720	13.11.2021	Azerbaijan	13.11.2026
Certificate of Competency	Azerbaijan	RP10664	05.11.2021	Azerbaijan	
Republic of Azerbaijan	Azerbaijan	C02348687	09.08.2019	Azerbaijan	08.08.2029
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-0624-21	SMPA	20.04.2021	20.04.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0624-21	SMPA	20.04.2021	20.04.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0624-21	SMPA	20.04.2021	20.04.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0624-21	SMPA	20.04.2021	20.04.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0624-21	SMPA	20.04.2021	20.04.2026
International Safety Management	Azerbaijan	SP-0392-21	SMPA	16.04.2021	12.04.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0474-21	SMPA	16.04.2021	16.04.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-0197-21	SMPA	09.04.2021	17.03.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0213-21	SMPA	08.04.2021	19.03.2026

Ship Management
ISM&ISPS Management
Ship Agency
Consultations
Provision, Ship Supply

Yacht Management
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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
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: 02.04.2024

Signature

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