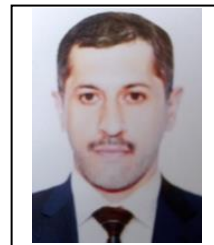




UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 4FRWF77
Position Applied for:	Cook
Date Available from:	-

2

Personal Information		Gender: Male
First Name: RAUF	Last Name: MIRZAYEV	
Date of Birth: 27.04.1978	Place of Birth (City and Country): Azerbaijan ,BAKU	
Email: naxcivanka85mail.ru	Mobile Number: (+994) 55 545 24 34	
Permanent Address: Sumgait 13 , building 24	Expected Salary Per Month: 2000\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 70 811 12 21 Wife		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Konul	Mirzayeva	Female	Wife	+994 70 811 12 21

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
-	-	-	-	-

5

Physical Data	
Height	187
Weight	93
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

Seaman`s Book & Identify Docs					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 027279	20.03.2024	Azerbaijan	20.03.2029

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

Certificate of Competency	Azerbaijan	RP06003	26.07.2022	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C03284363	29.03.2024	Azerbaijan	28.03.2034
Seaman Book Flag State	Panama	PA0180452	12.01.2022	Panama	05.11.2026
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-1480-23	SMPA	04.04.2023	03.03.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1480-23	SMPA	04.04.2023	03.03.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-1480-23	SMPA	04.04.2023	03.03.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1480-23	SMPA	04.04.2023	03.03.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1480-23	SMPA	04.04.2023	03.03.2028
International Safety Management	Azerbaijan	-	SMPA	-	-
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2200-22	SMPA	02.08.2022	02.08.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0971-24	SMPA	18.03.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1532-22	SMPA	12.08.2022	12.08.2027
Designated Security Duties of Shipboard Personnel	Ukraine	10671	ATL	28.03.2022	28.03.2027
Basic Safety	Ukraine	10448	ATL	09.09.2021	09.09.2026
Training of Officers and Rating Responsible for Cargo Handling on Ships Carrying Dangerous and Hazardous Substances In Solid form in Bulk and in Packed form	Ukraine	46238	ATL	15.09.2021	15.09.2026

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(Please give a full record starting with the last vessel on which you served)

[illegible]

- Ship Management
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For Engineers (Please provide details)

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

12

Other Experience

I know European cuisine, Turkish cuisine, Ukrainian cuisine and Azerbaijani cuisine perfectly.

12

Travel Documents

Name	YES/NO	Country	Date of 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.	-	-

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: 15.04.2024

Signature

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