



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 2M61XQB
Position Applied for:	Electro -Technical Officer
Date Available from:	-

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Personal Information	Gender: Male
First Name: PARVIZ	Last Name: MAMMADOV
Date of Birth: 08.11.1980	Place of Birth (City and Country): Azerbaijan, KLABAJAR
Email: mparviz777@yahoo.com	Mobile Number: (+994) 50 613 53 98
Permanent Address: 06, Nizami Ganjavi avenue, Kalbajar district, Azerbaijan	Expected Salary Per Month: 4000\$
Nationality: Azerbaijan	Alternative rank applying for: Second Engineer
Person to call in emergency: (+994) 55 638 15 79 Brother	

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Ali	Mammadov	Male	Brother	+994 55 638 15 79

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	1999	2003	Bachelor
Azerbaijan State Marine Academy	Azerbaijan	2015	2020	Bachelor

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Physical Data	
Height	183
Weight	93
Boilersuit Size	XXL
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.}	

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Seaman`s Book & Identify Docs
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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 027171		14.03.2024	Azerbaijan		14.03.2029
Certificate of Competency	Azerbaijan	0004350		13.07.2022	Azerbaijan		25.05.2027
Certificate of Competency	Azerbaijan	0004350		25.10.2023	Azerbaijan		25.10.2028
Republic of Azerbaijan	Azerbaijan	C01945926		30.05.2018	Azerbaijan		29.05.2028
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-0494-24	SMPA	23.02.2024	23.02.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0494-24	SMPA	23.02.2024	23.02.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-0494-24	SMPA	23.02.2024	23.02.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0494-24	SMPA	23.02.2024	23.02.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0494-24	SMPA	23.02.2024	23.02.2029
International Safety Management	Azerbaijan	SP-0253-23	SMPA	24.01.2023	18.01.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0514-24	SMPA	29.02.2024	28.02.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0851-24	SMPA	13.03.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0008-23	SMPA	10.01.2023	10.01.2028
Updating	Azerbaijan	XS-0826-22	SMPA	02.06.2022	25.05.2027
Leadership & Teamwork	Azerbaijan	DL-0050-20	SMPA	11.03.2020	11.03.2025
Advanced Training in Fire Fighting	Azerbaijan	SJ-1038-21	SMPA	03.12.2021	03.12.2026
Medical First Aid	Azerbaijan	SN-0898-21	SMPA	13.12.2021	10.12.2026
Eugenie-room resource management	Azerbaijan	ER-0263-23	SMPA	05.09.2023	04.08.2028
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0682-22	SMPA	31.10.2022	28.10.2027
1000 VOLT	Azerbaijan	-	SMPA	-	-

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Seagoing Experience

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

COMPANY	Name of vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
ASCO	M/V AK.HASAN ALIYEV	Azerbaijan	Ro-Ro	11450	Man	-	-	Electrician	17.03.2005	05.09.2005	6 month	End of Contract
ASCO	M/V MERKURI-1	Azerbaijan	Ro-Ro	11450	Man	-	-	ETO	07.11.2005	10.06.2006	8 month	End of Contract
ASCO	M/V SAATLI	Azerbaijan	Dry Cargo	4500	Diesel	-	-	ETO	20.08.2006	23.01.2007	4 month	End of Contract
ASCO	M/V PROFESSOR GUL	Azerbaijan	Ro-Ro	11450	Man	-	-	ETO	11.03.2007	05.12.2008	9 month	End of Contract
ASCO	M/V AK.ZARIFA ALIYEVA	Azerbaijan	Ro-Ro	5985	Man	-	-	ETO	15.01.2009	12.07.2009	6 month	End of Contract
ASCO	M/V AK.ZARIFA ALIYEVA	Azerbaijan	Ro-Ro	5985	Man	-	-	ETO	23.02.2010	15.07.2010	6 month	End of Contract
PALMALI SHIPPING	M/V PALMALI DISCOVERY	Malta	Dry Cargo	5684	Wartsila	-	-	ETO	17.04.2012	20.12.2012	6 month	End of Contract
PALMALI SHIPPING	M/V PALMALI CONFIDENCE	Malta	Dry Cargo	5684	Wartsila	-	-	ETO	22.01.2013	27.10.2013	9 month	End of Contract
PALMALI SHIPPING	M/V ILYAS AFANDIYEV	Malta	Dry Cargo	5684	Wartsila	-	-	ETO	05.07.2014	17.03.2015	8 month	End of Contract
PALMALI SHIPPING	M/V CASPIAN MARINER	Malta	Tanker	6623	Mak	-	-	ETO	09.07.2018	12.11.2018	4 month	End of Contract
CMS	M/V ISLAY	Azerbaijan	AHTS/Off shore	2665	Wartsila	-	-	ETO	27.06.2019	31.08.2023	4 year	End of Contract

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For Engineers (Please provide details)

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

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Other Experience

Azerbaijan State Port Agency – Port and Flag State Control Inspector (15.10.2015-11.05.2018)

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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

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

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)*

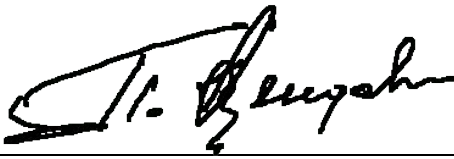
Name of company	1.CMS	2.-
Name of person to contact	Famil Bey	-
Address	-	-
☎ No.	+994 50 306 77 57	-

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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.



Signature

Date: 15.04.2024

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