UNITED ALLIANCE GROUP LTD
AZERBAIJAN BRANCH

APPLICATION FORM

1 **Position** — **identity card PIN Number 5RYA8TW**

Position Applied for:	Rating forming part of a navigational watch
Date Available from:	-

2 **Personal Information** — **Gender: Male**

First Name: NOVRUZ	**Last Name: ISMAYILOV**
Date of Birth: 01.02.1994	Place of Birth (City and Country): Azerbaijan, UJAR
Email: novruzismayilov999@gmail.com	Mobile Number: (+994) 51 437 76 83
Permanent Address: Ramal village , Ujar district , Azerbaijan	Expected Salary Per Month: 1000$
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 51 301 10 96 Brother	

3 **Family Details: (If Unmarried kindly give details of Father / Mother)**

First Name	Last Name	Gender	Relation	Contact
Sahib	Ismayilov	Male	Brother	+94 51 301 10 96

4 **Maritime Education**

Name of school	Country	From	To	Type of degree or diploma
Kainat Maritime MMC	Azerbaijan	02.2022	09.2022	Course

5 **Physical Data**

Height	**180**
Weight	75
Boilersuit Size	L
Shoes Size	43
Blood group	A(II)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 020611	24.06.2022	Azerbaijan	24.06.2027
Certificate of Competency	Azerbaijan	RP12579	02.03.2023	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C00842851	23.09.2016	Azerbaijan	22.09.2026

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 TECHNICS	Azerbaijan	SO-2166-22	SMPA	19.05.2022	06.05.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2166-22	SMPA	19.05.2022	06.05.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-2166-22	SMPA	19.05.2022	06.05.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2166-22	SMPA	19.05.2022	06.05.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2166-22	SMPA	19.05.2022	06.05.2027
International Safety Management	Azerbaijan	SP-1495-23	SMPA	10.05.2023	05.05.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1628-23	SMPA	11.05.2023	03.05.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-1099-22	SMPA	23.05.2022	15.04.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1128-23	SMPA	16.06.2023	10.05.2028

10	**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
-	-	--		-	-	-	-	-	-	-	-	-

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

11 **For Engineers (Please provide details)**

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

12 **Other Experience**

Russian Language : Middle
English Language : Poor

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

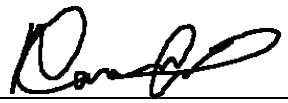
(If YES, please give full details and attach a separate page if necessary)

16 **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.



Signature

Date: 19.04.2024