



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 5XBU3W6
Position Applied for:	Rating Forming Part of an Engine -Room Watch
Date Available from:	-

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Personal Information		Gender: Male
First Name: AZAR	Last Name: ABDULLAYEV	
Date of Birth: 29.04.1995	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: azer.abdullayev199529@gmail.com	Mobile Number: (+994) 50 729 29 89 ; +7 951 833 90 73	
Permanent Address: 5/13-39, Mikroregion-7, Binagadi district, Baku, Azerbaijan	Expected Salary Per Month: 1400\$-1500\$	
Nationality: Azerbaijan	Alternative rank applying for: Oiler	
Person to call in emergency: (+994) 12 562 21 65 Mother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Mahira	Abdullayeva	Female	Mother	+994 12 562 21 65

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
14 numbered labor college	Azerbaijan	2018	2019	College

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Physical Data	
Height	173
Weight	58
Boilersuit Size	M
Shoes Size	40
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
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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 016956		15.01.2021	Azerbaijan		15.01.2026
Certificate of Competency	Azerbaijan	RP10280		13.01.2021	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02533513		29.06.2019	Azerbaijan		28.06.2029
Seaman Book Flag State	Panama	PA0293866		26.07.2022	Panama		28.05.2026
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				-			

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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-1349-20	SMPA	23.10.2020	19.10.2025
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1349-20	SMPA	23.10.2020	19.10.2025
ELEMENTARY FIRST AID	Azerbaijan	SO-1349-20	SMPA	23.10.2020	19.10.2025
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1349-20	SMPA	23.10.2020	19.10.2025
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1349-20	SMPA	23.10.2020	19.10.2025
International Safety Management	Azerbaijan	SP-1009-20	SMPA	24.10.2020	24.10.2025
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0945-20	SMPA	22.10.2020	22.10.2025
Security Awareness Training For All Seafarers	Azerbaijan	SI-0716-20	SMPA	26.10.2020	26.10.2025
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0657-20	SMPA	28.10.2020	28.10.2025

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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

Rus Language : Middle
Turkish Language : Middle

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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.GN GROUP	2.-
Name of person to contact	Ali Aliyev	-
Address	Istanbul/Kadikoy	-
☎ No.	+90 546 679 62 52	-

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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: 01.05.2024

Signature

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