



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 13F4N7V
Position Applied for:	Electro- Technical Rating
Date Available from:	-

2

Personal Information		Gender: Male
First Name: TOFIG	Last Name: NOVRUZOV	
Date of Birth: 21.05.2001	Place of Birth (City and Country): Azerbaijan , BAKU	
Email: tofignovruzov1@gmail.com	Mobile Number: (+994) 51 318 76 30	
Permanent Address:12/120, A.Abdulrahimov, street , Narimanov district , Baku, Azerbaijan	Expected Salary Per Month: 1200\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 359 17 59 Father		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Shamil	Novruzov	Male	Father	+99450 359 17 59

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2018	2022	Bachelor

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Physical Data	
Height	172
Weight	69
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
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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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 025487		20.10.2023	Azerbaijan		20.10.2028
Certificate of Competency	Azerbaijan	RP10673		16.11.2021	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03600704		22.06.2021	Azerbaijan		21.06.2031
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
-	-	-

8

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-5227-23	SMPA	07.11.2023	03.11.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5227-23	SMPA	07.11.2023	03.11.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5227-23	SMPA	07.11.2023	03.11.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5227-23	SMPA	07.11.2023	03.11.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5227-23	SMPA	07.11.2023	03.11.2028
International Safety Management	Azerbaijan	SP-3595-23	SMPA	07.11.2023	06.11.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2774-23	SMPA	04.08.2023	31.07.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-3302-23	SMPA	20.10.2023	20.10.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1826-23	SMPA	27.07.2023	27.07.2028

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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

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11	For Engineers (Please provide details)
Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12	Other Experience
English Language : Excellent Turkish Language : Excellent	

12	Travel Documents																			
<table border="1"> <thead> <tr> <th>Name</th> <th>YES/NO</th> <th>Country</th> <th>Date pf Expire</th> </tr> </thead> <tbody> <tr> <td>Schengen</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>US</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>China</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>Australia</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> </tbody> </table>	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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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)

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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)

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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.



Signature

Date: 03.05.2024

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