



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 5Z3W6BK
Position Applied for:	Officer in Charge of an Engineering Watch
Date Available from:	-

2

Personal Information		Gender: Male
First Name: UMID	Last Name: MAHARRAMOV	
Date of Birth: 04.08.1995	Place of Birth (City and Country): Azerbaijan , SUMGAYIT	
Email: umidmaharramov@gmail.com	Mobile Number: (+994)77 487 90 89	
Permanent Address: Sumgait city , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: 3 RD Engineer	
Person to call in emergency: (+994) 77487 90 59 Father		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Elshad	Maharramov	Male	Father	+994 77 487 90 59

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2012	2016	Bachelor
Azerbaijan State Marine Academy	Azerbaijan	2021	2023	Master

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Physical Data	
Height	177
Weight	80
Boilersuit Size	S
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 021903		12.11.2022	Azerbaijan		12.11.2027
Certificate of Competency	Azerbaijan	0007829		18.05.2023	Azerbaijan		18.05.2028
Republic of Azerbaijan	Azerbaijan	C03272313		15.03.2024	Azerbaijan		14.03.2034
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 TECHNICS	Azerbaijan	SO-1998-22	SMPA	11.05.2022	29.04.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1998-22	SMPA	11.05.2022	29.04.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-1998-22	SMPA	11.05.2022	29.04.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1998-22	SMPA	11.05.2022	29.04.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1998-22	SMPA	11.05.2022	29.04.2027
International Safety Management	Azerbaijan	SP-1230-22	SMPA	12.05.2022	05.05.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1277-22	SMPA	16.05.2022	13.05.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1059-22	SMPA	19.05.2022	06.05.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1866-22	SMPA	16.09.2022	16.09.2027
Eugenie-room resource management	Azerbaijan	ER-0566-22	SMPA	20.09.2022	20.09.2027
Leadership & Teamwork	Azerbaijan	DL-1703-22	SMPA	04.11.2022	04.11.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-1317-22	SMPA	15.09.2022	13.09.2027
Medical First Aid	Azerbaijan	SN-0463-23	SMPA	16.03.2023	16.03.2028
BOSIET CAEBS	Azerbaijan	052575003022300688	OTI	01.02.2023	02.02.2027
BOSIET EBS	Azerbaijan	052570003022320082	OTI	01.02.2023	22.02.2023
Maintenance of the DP System	Azerbaijan	DPM042/23	ASCO	13.07.2023	Unlimited

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

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11 For Engineers (Please provide details)

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

12 Other Experience

-

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)

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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.

Date: 03.05.2024

Signature

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