



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1	Position identity card PIN Number 6VVFND3				
	Position Applied for:			Rating forming part of a navigational watch	
	Date Available from:			-	

2	Personal Information Gender: Male				
	First Name: ELSHAN		Last Name: RAMAZANOV		
	Date of Birth: 23.07.1996		Place of Birth (City and Country): Azerbaijan , BAKU		
	Email: elshenramazanov84@gmail.com		Mobile Number: (+994) 55 698 14 15		
	Permanent Address: Baku city, Sabunchu district , Zabrat Oktyabr 41		Expected Salary Per Month: 1200\$-1500\$		
	Nationality: Azerbaijan		Alternative rank applying for: -		
	Person to call in emergency: (+994) 55 626 80 26 (Jafar Ramazanov)Brother				

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Samaya	Ramazanova	Female	Mother	+994506577570

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	KAINAT MARITIME	Azerbaijan			Course

5	Physical Data				
	Height	178			
	Weight	79			
	Boilersuit Size	M			
	Shoes Size	43			
	Blood group	B(III)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

Seaman Book	Azerbaijan	DQK 027115		12.03.2024	Azerbaijan		12.03.2029
Certificate of Competency	Azerbaijan	RP14594		28.02.2024	Azerbaijan		-
International Passport	Azerbaijan	C04022885		19.04.2024	Azerbaijan		18.04.2034
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
-	-	-

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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 TECHNIQUES	Azerbaijan	SO-0104-24	SMPA	19.01.2024	19.01.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0110-24	SMPA	19.01.2024	19.01.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-0110-24	SMPA	19.01.2024	19.01.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0110-24	SMPA	19.01.2024	19.01.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0110-24	SMPA	19.01.2024	19.01.2029
International Safety Management Code	Azerbaijan	SP-0029-24	SMPA	10.01.2024	10.01.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0255-24	SMPA	01.02.2024	26.01.2029
SHIP Security-RELATED FAMILIRIZATION SECURITY-AWARENESS TRAINING	Azerbaijan	SI-0023-24	SMPA	08.01.2024	08.01.2029
TRAINING FOR SEAFRAERS WITH DESIGNATED SECURITY DUTIES	Azerbaijan	SH-0071-24	SMPA	12.01.2024	12.01.2029
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0049-24	SMPA	29.01.2024	29.01.2029
Rating forming part of navigational watch	Azerbaijan	AB 000460	IST Service	16.01.2024	08.02.2024

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

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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

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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.-	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: 19.03.2024

Signature

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