



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 7B9XZ7X
Position Applied for:	Officer in charge of an Engineering Watch
Date Available from:	-

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Personal Information	Gender: Male
First Name: ILKNUR	Last Name: ZIYADLI
Date of Birth: 07.11.2000	Place of Birth (City and Country): Azerbaijan, ASTARA
Email: ilknursiyadli@gmail.com	Mobile Number: (+994) 70 837 90 70
Permanent Address: Siyaku village , Astara district , Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 50 694 72 01 Father	

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Ilkin	Ziyadov	Male	Father	+994 50 694 72 01

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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	189
Weight	95
Boilersuit Size	XXL
Shoes Size	44-45
Blood group	B(III)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

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 Chemenezmenli 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 027658		18.04.2024	Azerbaijan		18.04.2029
Certificate of Competency	Azerbaijan	0007951		15.09.2023	Azerbaijan		15.09.2028
Republic of Azerbaijan	Azerbaijan	C03564471		25.06.2021	Azerbaijan		24.06.2031
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
-	-	-

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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 TECHNICS	Azerbaijan	SO-1517-24	SMPA	26.04.2024	26.04.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1517-24	SMPA	26.04.2024	26.04.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-1517-24	SMPA	26.04.2024	26.04.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1517-24	SMPA	26.04.2024	26.04.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1517-24	SMPA	26.04.2024	26.04.2029
International Safety Management	Azerbaijan	SP-1152-24	SMPA	19.04.2024	19.04.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2438-22	SMPA	19.08.2022	01.08.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1561-24	SMPA	17.04.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1590-22	SMPA	17.08.2022	14.07.2027
Dangerous , hazardous and harmful cargoes	Azerbaijan	SK-0257-23	SMPA	17.04.2023	17.04.2028
Leadership & Teamwork	Azerbaijan	DL-0389-23	SMPA	11.05.2023	04.05.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-0580-23	SMPA	02.05.2023	28.04.2028
Eugenie-room resource management	Azerbaijan	ER-0104-23	SMPA	11.04.2023	11.04.2028
Medical First Aid	Azerbaijan	SN-0785-23	SMPA	31.05.2023	16.05.2028
Crowd management training	Azerbaijan	SC-0064-23	SMPA	10.03.2023	10.03.2028

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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
ASCO	M/V DEDE GORGUD	Azerbaijan	Oil Products Tanker	13030	Wartsila	7833	-	Probationer	01.09.2019	06.12.2019	3 month	End of Contract
ASCO	M/V BALAKEN	Azerbaijan	Ro-Ro Cargo Ship	5400	Man	8045	-	Probationer	25.06.2021	14.09.2021	3 month	End of Contract
ASCO	M/V SHAKI	Azerbaijan	Passenger / Ro – Ro Cargo Ship	3950	Man	11450	-	Probationer	01.02.2022	27.05.2022	4 month	End of Contract
ASCO	M/V ZARIFA ALIYEVA	Azerbaijan	Passenger / Ro – Ro Pax Cargo Ship	5878	Wartsila	8523	-	Motorman	31.10.2022	15.01.2023	3 month	End of Contract
ASCO	M/V KARABAKH	Azerbaijan	Ro-Ro Cargo Ship	5991	Man	8547	-	Motorman	04.06.2023	18.09.2023	3 month	End of Contract
ASCO	M/V ZARIFA ALIYEVA	Azerbaijan	Passenger / Ro – Ro Pax Cargo Ship	5878	Wartsila	8523	-	3 rd Engineer	13.11.2023	13.04.2024	5 month	End of Contract

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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

English Language : Good
Turkish Language ; Excellent

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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.



Signature

Date: 13.05.2024

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