



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 5U9CK67
Position Applied for:	Officer in charge of an Engineering Watch
Date Available from:	-

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Personal Information		Gender: Male
First Name: NUHBABA	Last Name: ARAZOV	
Date of Birth: 01.11.1994	Place of Birth (City and Country): Azerbaijan , KHACMAZ	
Email: arazovnuhbaba@gmail.com	Mobile Number: (+994) 70 885 19 99	
Permanent Address: 23, Mehdi Huseyinzada street , Khacmaz district , Azerbaijan	Expected Salary Per Month: 3000\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 70 527 13 69 Mother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Yegana	Arazov	Female	Mother	+994 70 527 13 69

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
State University of Infrastructure and Technologies	Ukraine	2019	2023	Bachelor

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Physical Data	
Height	178
Weight	68
Boilersuit Size	M
Shoes Size	43
Blood group	AB(IV)RH+
Additional Physical Information: {You can write any other information you want to add about your physique in this field.}	

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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Seaman`s Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 027929		04.05.2024	Azerbaijan		04.05.2029
Certificate of Competency	Azerbaijan	0008170		26.04.2024	Azerbaijan		26.04.2029
Republic of Azerbaijan	Azerbaijan	C03450845		10.05.2024	Azerbaijan		09.05.2034
Seaman Book Flag State	Antigua & Barbuda	173056		02.11.2020	Antigua & Barbuda		01.11.2025
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-0039-24	SMPA	12.01.2024	12.01.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0039-24	SMPA	12.01.2024	12.01.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-0039-24	SMPA	12.01.2024	12.01.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0039-24	SMPA	12.01.2024	12.01.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0039-24	SMPA	12.01.2024	12.01.2029
International Safety Management	Azerbaijan	SP-0227-24	SMPA	30.01.2024	24.01.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0107-24	SMPA	19.01.2024	19.01.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0114-24	SMPA	15.01.2024	15.01.2029
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0251-24	SMPA	31.01.2024	26.01.2029
Eugenie-room resource management	Azerbaijan	ER-0063-24	SMPA	05.03.2024	05.03.2029
Leadership & Teamwork	Azerbaijan	DL-0082-24	SMPA	16.02.2024	16.02.2029
Advanced Training in Fire Fighting	Azerbaijan	SJ-0109-24	SMPA	06.02.2024	06.02.2029
Medical First Aid	Azerbaijan	SN-0157-24	SMPA	20.02.2024	19.02.2029

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

[illegible]

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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 : Good
English Language ; Poor
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. Passific Shipping LTD	2.-
Name of person to contact	Levent Bey	-
Address	-	-
☎ No.	+90 533 043 70 38	-

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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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