



APPLICATION FORM

1	Position identity card PIN Number 2G3V7W3				
	Position Applied for:				Cook
	Date Available from:				-

2	Personal Information Gender: Male				
	First Name: MINASAR		Last Name: ALIGULIYEVA		
	Date of Birth: 24.10.1967		Place of Birth (City and Country): Azerbaijan, GUSAR		
	Email: -		Mobile Number: (+994) 77 639 90 60		
	Permanent Address: Hill village, Gusar district, Azerbaijan		Expected Salary Per Month: 1400\$-1500\$		
	Nationality: Azerbaijan		Alternative rank applying for: -		
	Person to call in emergency: (+994) 70 639 90 60 Son				

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Arbet	Aliguliyev	Male	Son	+994 70 639 9060

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	KASPIAN EDUCATION CENTER	Azerbaijan	01.2023	05.2023	Course

5	Physical Data	
	Height	160
	Weight	71
	Boilersuit Size	M
	Shoes Size	38
	Blood group	O(I)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	DATE OF EXPIRY
	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 Chemenzeminli 119c, Afen Plaza Business Center 5nd floor, apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

Seaman Book	Azerbaijan	DQK 025182	26.09.2023	Azerbaijan	26.09.2028
Certificate of Competency	Azerbaijan	RP13363	21.08.2023	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C03486613	22.08.2023	Azerbaijan	21.08.2033
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-0124-21	SMPA	08.02.2021	08.02.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0124-21	SMPA	08.02.2021	08.02.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0124-21	SMPA	08.02.2021	08.02.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0124-21	SMPA	08.02.2021	08.02.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0124-21	SMPA	08.02.2021	08.02.2026
International Safety Management	Azerbaijan	SP-1380-24	SMPA	10.05.2024	03.05.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1228-24	SMPA	28.04.2024	25.04.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-1461-24	SMPA	13.05.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1002-24	SMPA	09.04.2024	Unlimited

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Consultations
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Yacht Management
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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

Russian Language : Average
Azerbaijan 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: 22.05.2024

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