



**UNITED ALLIANCE GROUP LTD**

**AZERBAIJAN BRANCH**



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 5ADE8RN</b>
<b>Position Applied for:</b>	Rating forming part of an engine-room watch
<b>Date Available from:</b>	-

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: NIJAT</b>	<b>Last Name: SHALBUZOV</b>	
Date of Birth: 10.03.1985	Place of Birth (City and Country): Azerbaijan, KHACHMAZ	
Email: -	Mobile Number: (+994) 55 761 45 35	
Permanent Address: Ahmed oba village, Khacmaz district, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) 70 370 92 97 Brother</b>		

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<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
First Name	Last Name	Gender	Relation	Contact
Rahib	Shalbuzov	Male	Brother	+994 70 370 92 97

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<b>Maritime Education</b>				
Name of school	Country	From	To	Type of degree or diploma
Republic of Azerbaijan Ministry of Education	Azerbaijan	01.2013	11.2013	Course

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<b>Physical Data</b>	
Height	175
Weight	76
Boilersuit Size	XL
Shoes Size	43
Blood group	A(II)RH+
Additional Physical Information: {You can write any other information you want to add about your physique in this field.}	

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<b>Seaman`s Book &amp; Identify Docs</b>
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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	DQK012950		18.10.2018	Azerbaijan		18.10.2023
Certificate of Competency	Azerbaijan	RP07998		29.06.2022	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	-		-	Azerbaijan		-
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-0346-22	SMPA	04.02.2022	04.02.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0346-22	SMPA	04.02.2022	04.02.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-0346-22	SMPA	04.02.2022	04.02.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0346-22	SMPA	04.02.2022	04.02.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0346-22	SMPA	04.02.2022	04.02.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0306-22	SMPA	24.02.2022	02.02.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0840-22	SMPA	13.04.2022	07.04.2027

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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**

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
<b>Vaccination</b>		
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: 29.05.2024

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