



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 2L2JT3R
Position Applied for:	Chief Engineer	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: GISMAT	Last Name: ALIYEV	
Date of Birth: 09.10.1969	Place of Birth (City and Country): Azerbaijan , ISMAYILLI	
Email: gismataliyev1969@gmail.com	Mobile Number: (+994) 50 386 30 23	
Permanent Address: Diyalli village, Ismayilli district, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 510 5 94 Son		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Shahin	Aliyev	Male	Son	+994505105594

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan Marine Fishing Technical School	Azerbaijan	2004	2008	Sub-Bachelor

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Physical Data	
Height	180
Weight	90
Boilersuit Size	XXL
Shoes Size	44
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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Seaman`s Book & Identify Docs
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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	DQK 023256		12.04.2023	Azerbaijan		12.04.2028
Certificate of Competency	Azerbaijan	0004842		14.06.2021	Azerbaijan		14.06.2026
Republic of Azerbaijan	Azerbaijan	C02780797		06.09.2019	Azerbaijan		05.09.2029
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
Flag State Endorsements	Vanuatu	22-128775	14.06.2026
Flag State Endorsements	Moldova	E382/2021	14.06.2026

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STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-1726-23	SMPA	25.0.2023	17.03.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1726-23	SMPA	25.0.2023	17.03.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-1726-23	SMPA	25.0.2023	17.03.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1726-23	SMPA	25.0.2023	17.03.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1726-23	SMPA	25.0.2023	17.03.2028
International Safety Management	Azerbaijan	SP-1208-23	SMPA	13.04.2023	31.03.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0182-21	SMPA	22.02.2021	19.02.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-1104-23	SMPA	12.04.2023	27.03.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0926-23	SMPA	17.04.2023	28.03.2028
Eugenie-room resource management	Azerbaijan	ER-0107-22	SMPA	18.02.2022	26.01.2027
Leadership & Teamwork	Azerbaijan	DL-0324-22	SMPA	22.02.2022	09.02.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0486-23	SMPA	18.04.2023	17.03.2028
1000v	Azerbaijan	DM-0098-23	SMPA	14.04.2023	14.04.2028
Medical First Aid	Azerbaijan	SN-0080-21	SMPA	12.02.2021	03.02.2026

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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

Russian Language : Good

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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: 12.06.2024

Signature

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