



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 63GSWWR
Position Applied for:	Electro-Technical Officer	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: ELGUN	Last Name: NAGHIYEV	
Date of Birth: 10.05.1997	Place of Birth (City and Country): Azerbaijan, ZANGILAN	
Email: Elgun_077@bk.ru	Mobile Number: (+994) 77 631 68 48	
Permanent Address: Garadag district, Baku city, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 70 501 22 88 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Mustafa	Naghiyev	Male	Father	+994 70501 22 88

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2014	2018	Bachelor

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Physical Data	
Height	176
Weight	68
Boilersuit Size	L
Shoes Size	41
Blood group	O(I)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 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 016467		22.09.2020	Azerbaijan		22.09.2025
Certificate of Competency	Azerbaijan	RP09031		05.07.2018	Azerbaijan		05.07.2028
Certificate of Competency	Azerbaijan	0007704		05.01.2023	Azerbaijan		05.01.2028
Republic of Azerbaijan	Azerbaijan	C01589265		19.07.2017	Azerbaijan		18.07.2027
Seaman Book Flag State	Panama	PA0097162		11.11.2021	Panama		06.09.2026
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-1098-20	SMPA	15.09.2020	11.09.2025
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1098-20	SMPA	15.09.2020	11.09.2025
ELEMENTARY FIRST AID	Azerbaijan	SO-1098-20	SMPA	15.09.2020	11.09.2025
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1098-20	SMPA	15.09.2020	11.09.2025
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1098-20	SMPA	15.09.2020	11.09.2025
International Safety Management	Azerbaijan	SP-2364-23	SMPA	21.07.2023	14.07.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	-	SMPA	-	-
Security Awareness Training For All Seafarers	Ukraine	5936	NCTS	21.02.2022	21.02.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0569-20	SMPA	03.10.2020	18.09.2025
Medical Firs Aid	Azerbaijan	SN-1513-22	SMPA	22.11.2022	11.11.2027
Leadership & Teamwork	Azerbaijan	DL-1734-22	SMPA	21.11.2022	04.11.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-1649-22	SMPA	18.11.2022	15.11.2027

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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

English Language : Middle

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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.GN GROUP	2.GN GROUP
Name of person to contact	Ali Aliyev	Erkan Erecek
Address	Istanbul/Kadikoy	Istanbul/Kadikoy
☎ No.	+90 546 679 62 52	+90 549 342 93 53

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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: 13.06.2024

Signature

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