



**UNITED ALLIANCE GROUP LTD**

**AZERBAIJAN BRANCH**



## APPLICATION FORM

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|                              |                                             |
|------------------------------|---------------------------------------------|
| <b>Position</b>              | <b>identity card PIN Number 3EBM4JP</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: MAJID</b>                                        | <b>Last Name: HAYDAROV</b>                            |                     |
| Date of Birth: 03.08.2001                                       | Place of Birth (City and Country): Azerbaijan, AGDASH |                     |
| Email: mecidheyderov313@gmail.com                               | Mobile Number: (+994) 77 730 39 81                    |                     |
| Permanent Address: Arash street, Agdas village, Azerbaijan      | Expected Salary Per Month: 1000\$-1200\$              |                     |
| Nationality: Azerbaijan                                         | Alternative rank applying for:                        |                     |
| <b>Person to call in emergency: (+994) 10 811 71 62 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           |
| Nazim                                                                        | Haydarov  | Male   | Brother  | +994 10 811 71 62 |
|                                                                              |           |        |          |                   |

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| <b>Maritime Education</b>         |            |      |      |                           |
|-----------------------------------|------------|------|------|---------------------------|
| Name of school                    | Country    | From | To   | Type of degree or diploma |
| Azerbaijan State Maritime College | Azerbaijan | 2016 | 2020 | Sub-Bachelor              |
|                                   |            |      |      |                           |

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| <b>Physical Data</b>                                                                                                     |          |
|--------------------------------------------------------------------------------------------------------------------------|----------|
| Height                                                                                                                   | 172      |
| Weight                                                                                                                   | 74       |
| Boilersuit Size                                                                                                          | M        |
| Shoes Size                                                                                                               | 41       |
| 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>                                                                      |         |        |               |                |                |
|---------------------------------------------------------------------------------------------------------------|---------|--------|---------------|----------------|----------------|
| DOCUMENT                                                                                                      | COUNTRY | NUMBER | DATE OF ISSUE | PLACE OF ISSUE | DATE OF EXPIRY |
| Ship Management<br>ISM&ISPS Management<br>Ship Agency<br>Consultations<br>Provision, Ship Supply              |         |        |               |                |                |
| Yacht Management<br>Technical Management<br>Ship Brokering<br>Surveying & Monitoring<br>New Building & Repair |         |        |               |                |                |
| Sale & Purchasing<br>Ship Agency<br>Exclusive Cargo Brokering<br>Bunker Supply<br>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

|                                                  |            |            |             |            |                |
|--------------------------------------------------|------------|------------|-------------|------------|----------------|
| Seaman Book                                      | Azerbaijan | DQK 022967 | 11.03.2023  | Azerbaijan | 11.03.2028     |
| Certificate of Competency                        | Azerbaijan | RP12575    | 01.03.2023  | Azerbaijan | -              |
| Republic of Azerbaijan                           | Azerbaijan | C03947844  | 05.04.2023  | Azerbaijan | 04.04.2033     |
| 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 &amp; Trainings

| Courses                                                         | Issued Country | Certificate No. | Training Center | Date Issued | Date Of Expiry |
|-----------------------------------------------------------------|----------------|-----------------|-----------------|-------------|----------------|
| PERSONAL SURVIVAL TECHNIQS                                      | Azerbaijan     | SO-0702-22      | SMPA            | 22.02.2022  | 21.01.2027     |
| FIRE PREVENTION & FIRE FIGHTING                                 | Azerbaijan     | SO-0702-22      | SMPA            | 22.02.2022  | 21.01.2027     |
| ELEMENTARY FIRST AID                                            | Azerbaijan     | SO-0702-22      | SMPA            | 22.02.2022  | 21.01.2027     |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY                         | Azerbaijan     | SO-0702-22      | SMPA            | 22.02.2022  | 21.01.2027     |
| SAFETY FAMILIARIZATION TRAINING                                 | Azerbaijan     | SO-0702-22      | SMPA            | 22.02.2022  | 21.01.2027     |
| International Safety Management                                 | Azerbaijan     | SP-0446-22      | SMPA            | 18.02.2022  | 27.01.2027     |
| Proficiency in Survival Craft & Rescue Boats                    | Azerbaijan     | SL-0715-23      | SMPA            | 24.02.2023  | 24.02.2028     |
| Security Awareness Training For All Seafarers                   | Azerbaijan     | SI-0331-22      | SMPA            | 24.02.2022  | 27.01.2027     |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan     | SH-0389-23      | SMPA            | 22.02.2023  | 22.02.2028     |

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

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

[illegible]

- Ship Management
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- Consultations
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**11 For Engineers (Please provide details)**

|                                          |   |
|------------------------------------------|---|
| Generators                               | - |
| Purifiers and Boilers                    | - |
| Type of Cranes / No of Reefer Containers | - |

**12 Other Experience**

English Language: Average  
 Russian Language ; Average  
 Azerbaijan Language; Excellent  
 Turkish Language : Good

**12 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      | -              |

**13 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)

**14 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)

**15 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: 27.06.2024

\_\_\_\_\_  
Signature

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