



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 5Q207EU
Position Applied for:	Second Engineer Officer
Date Available from:	-

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Personal Information		Gender: Male
First Name: IBRAMKHALIL	Last Name: MEHDIYEV	
Date of Birth: 26.04.1992	Place of Birth (City and Country): Azerbaijan, GUSAR	
Email: ibramkhalil38@mail.ru	Mobile Number: (+994) 55 961 08 58	
Permanent Address: Yasab village , Gusar district , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: 3 RD ENG	
Person to call in emergency: (+994) 70 322 32 34 Brother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
David	Mehdiyev	Male	Brother	+994 70 3223234

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2000	2014	Bachelor

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Physical Data	
Height	178
Weight	78
Boilersuit Size	M
Shoes Size	42
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					
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 Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

Seaman Book	Azerbaijan	DQK 023658	13.05.2023	Azerbaijan	15.05.2028
Certificate of Competency	Azerbaijan	0006532	20.05.2024	Azerbaijan	20.05.2029
Republic of Azerbaijan	Azerbaijan	C01191276	28.11.2015	Azerbaijan	27.11.2025
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-1640-23	SMPA	11.04.2023	10.04.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1640-23	SMPA	11.04.2023	10.04.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-1640-23	SMPA	11.04.2023	10.04.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1640-23	SMPA	11.04.2023	10.04.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1640-23	SMPA	11.04.2023	10.04.2028
International Safety Management	Azerbaijan	SP-1222-23	SMPA	14.04.2023	14.04.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1299-23	SMPA	11.04.2023	11.04.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-1092-23	SMPA	12.04.2023	12.04.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0139-24	SMPA	19.01.2024	19.01.2029
Eugenie-room resource management	Azerbaijan	ER-0027-24	SMPA	26.01.2024	26.01.2029
Leadership & Teamwork	Azerbaijan	DL-0965-23	SMPA	27.11.2023	22.11.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-0478-23	SMPA	18.04.2023	18.04.2028
Medical First Aid	Azerbaijan	SN-1784-23	SMPA	01.12.2023	30.11.2028

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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
Azerbaijani Language ; Good
English Language : Average

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Travel Documents

Name	YES/NO	Country	Date of 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.PALMALI SHIPPING LTD	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: 05.07.2024

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