



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 21Q8CJ7</b>
<b>Position Applied for:</b>	Cook
<b>Date Available from:</b>	-

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: MAMMAD</b>	<b>Last Name: ALLIYEV</b>	
Date of Birth: 10.01.1981	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: <a href="mailto:mamedeliyev1981@gmail.com">mamedeliyev1981@gmail.com</a>	Mobile Number: (+994) 70238 84 68 ; +90 543 456 81 04	
Permanent Address: 18, Musabeyov street, Alat settl, Garadagh district , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for:-	
Person to call in emergency: (+994) 55 944 96 19 Brother		

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<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
Rustam	Aliyev	Male	Brother	+994 55 944 96 19

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<b>Maritime Education</b>				
<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
Ulu Shirvan Training Center	Azerbaijan	02.2018	06.2018	Course

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<b>Physical Data</b>	
Height	165
Weight	68
Boilersuit Size	46
Shoes Size	40
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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<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](mailto: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 028785		03.07.2024	Azerbaijan		03.07.2029
Certificate of Competency	Azerbaijan	RP092210		04.10.2018	Azerbaijan		04.10.2028
Republic of Azerbaijan	Azerbaijan	C02210392		17.10.2018	Azerbaijan		16.10.2028
Seaman Book Flag State	Palau	P 232526		20.07.2022	Palau		20.07.2027
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
Security Related Training in Instruction For All Seafarers	Ukraine	3218	Nikolayev	16.02.2022	16.02.2027
Basic Safety Training And Instruction	Ukraine	3016	Nikolayev	14.02.2022	14.02.2027
International Safety Management Code	Ukraine	3351	Nikolayev	18.02.2022	18.02.2027
Proficiency in Survival Craft and Rescue Boats Other Than Fast Rescue Boats	Ukraine	3244	Nikolayev	18.02.2022	18.02.2027

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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**

Russian Language: Good  
English Language : Average  
Turkish 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
<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.CRIOS SHIPPING LLC	2.-
Name of person to contact	-	-
Address	-	-
☎ No.	+971 557016962	-

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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: 09.07.2024

Signature

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