



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 3H78PNC
Position Applied for:	Chief Engineer
Date Available from:	-

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Personal Information		Gender: Male
First Name: AFGAN	Last Name: ALIYEV	
Date of Birth: 17.08.1961	Place of Birth (City and Country): Armenia, SISIAN	
Email: efekanpro@gmail.com	Mobile Number: (+994) 51 366 43 96	
Permanent Address: Absheron district, G.Abdullayev street , Home 13	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: Second Engineer	
Person to call in emergency: (+994) 51 520 39 93 Son		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Elvin	Aliyev	Male	Son	+994 51 520 3993

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
XDND	Azerbaijan	1995	1998	Course

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Physical Data	
Height	180
Weight	57
Boilersuit Size	48
Shoes Size	44
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					
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 021511	29.09.2022	Azerbaijan	29.09.2027
Certificate of Competency	Azerbaijan	0003096	06.03.2023	Azerbaijan	19.01.2028
Republic of Azerbaijan	Azerbaijan	C007698	24.08.2016	Azerbaijan	23.08.2026
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-3557-23	SMPA	20.07.2023	12.07.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3557-23	SMPA	20.07.2023	12.07.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-3557-23	SMPA	20.07.2023	12.07.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3557-23	SMPA	20.07.2023	12.07.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3557-23	SMPA	20.07.2023	12.07.2028
International Safety Management	Azerbaijan	SP-2281-23	SMPA	19.07.2023	19.07.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3636-22	SMPA	11.11.2022	11.11.2027
Medical First Aid	Azerbaijan	SN-1552-22	SMPA	25.11.2022	25.11.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1146-23	SMPA	16.05.2023	04.05.2028
Updating	Azerbaijan	XS-0036-23	SMPA	19.01.2023	19.01.2028
Leadership & Teamwork	Azerbaijan	DL-0414-23	SMPA	23.05.2023	17.05.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-1126-23	SMPA	07.09.2023	07.09.2028
Crowd Management Training	Azerbaijan	SC-0122-24	SMPA	12.07.2024	Unlimited
Crisis Management and Human behaviour training	Azerbaijan	SE-0078-24	SMPA	12.07.2024	Unlimited
Eugenie-room resource management	Azerbaijan	ER-0189-19	SMPA	11.10.2019	11.10.2024

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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 : Excellent
Azerbaijan Language : Excellent

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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: 30.07.2024

Signature

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