



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 7PLY490
Position Applied for:	Rating forming part of a navigational watch	
Date Available from:	01.01.2024	

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Personal Information		Gender: Male
First Name: YUSIF	Last Name: RASIDOV	
Date of Birth: 14.08.2004	Place of Birth (City and Country): Azerbaijan, AGHSU	
Email: residovyusif107@gmail.com	Mobile Number: (+994) 50 626 16 58	
Permanent Address: Khatai d, Nasraddin Tusi Street home 45	Expected Salary Per Month: 800\$	
Nationality: Azerbaijan	Alternative rank applying for: Rating forming part of a navigational watch	
Person to call in emergency: (+994) 55 827 83 61 Mother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Elnara	Rashidova	Female	Mother	055 827 83 61
Reshad	Rashidli	Male	Brother	055 364 25 19

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat Education Centre	Azerbaijan	01.2022	06.2022	Course

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Physical Data	
Height	180
Weight	100
Boilersuit Size	XXL
Shoes Size	44
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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Seamen`s Book & Identify Docs
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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 Tel: +994 51 277 19 31

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 020351		27.05.2022	Azerbaijan		27.05.2027
Certificate of Competency	Azerbaijan	RP 11683		08.08.2022	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	CC02521485		02.09.2019	Azerbaijan		02.09.2024
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	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA, BAKU	08.08.2022
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-1730-22	IST	21.04.2022	21.04.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1730-22	IST	21.04.2022	21.04.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-1730-22	IST	21.04.2022	21.04.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1730-22	IST	21.04.2022	21.04.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1730-22	IST	21.04.2022	21.04.2027
International Safety Management	Azerbaijan	SP-1125-22	IST	28.04.2022	28.04.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0983-22	IST	26.04.2022	26.04.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0884-22	IST	22.04.2022	22.04.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0745-22	IST	05.05.2022	05.05.2027
Proficiency in Fast Rescue Boats	Azerbaijan	SU-0245-23	UAG	22.06.2023	19.06.2028

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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

-

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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	YES
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.ZAMIL	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: 29.12.2023

Signature

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