



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

| | |
|------------------------------|---|
| Position | identity card PIN Number 1PKP7TD |
| Position Applied for: | Able Seafarer-Engine |
| Date Available from: | - |

2

| | | |
|--|--|---------------------|
| Personal Information | | Gender: Male |
| First Name: ELGUN | Last Name: JAFAROV | |
| Date of Birth: 18.12.1978 | Place of Birth (City and Country): Azerbaijan, NRFTCHALA | |
| Email: - | Mobile Number: (+994) 50 484 03 84 ; +7 705 458 7385 | |
| Permanent Address: Abasalli village, Neftchala district , Azerbaijan | Expected Salary Per Month: 1200\$ | |
| Nationality: Azerbaijan | Alternative rank applying for: Oiler 3/5 | |
| Person to call in emergency: (+994) 50 560 34 47 Brother | | |

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| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
|--|-----------|--------|----------|----------------|
| First Name | Last Name | Gender | Relation | Contact |
| Fariz | Jafarov | Male | Brother | +994 505603447 |
| | | | | |

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| Maritime Education | | | | |
|---------------------------|------------|------|------|---------------------------|
| Name of school | Country | From | To | Type of degree or diploma |
| Baku Maritime School | Azerbaijan | 1995 | 1996 | School |
| | | | | |

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| Physical Data | |
|--|------------|
| Height | 170 |
| Weight | 90 |
| Boilersuit Size | XL |
| Shoes Size | 42 |
| 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 018510 | 28.09.2021 | Azerbaijan | 28.09.2026 |
| Certificate of Competency | Azerbaijan | RP04245 | 03.12.2020 | Azerbaijan | - |
| Republic of Azerbaijan | Azerbaijan | C01723354 | 07.01.2018 | Azerbaijan | 06.01.2028 |
| 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 | - | | | | |

7

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-4261-22 | SMPA | 14.09.2022 | 02.09.2027 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-4261-22 | SMPA | 14.09.2022 | 02.09.2027 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-4261-22 | SMPA | 14.09.2022 | 02.09.2027 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-4261-22 | SMPA | 14.09.2022 | 02.09.2027 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-4261-22 | SMPA | 14.09.2022 | 02.09.2027 |
| International Safety Management | Azerbaijan | SP-2758-22 | SMPA | 16.09.2022 | 26.08.2027 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-2784-22 | SMPA | 16.09.2022 | 24.08.2027 |
| Security Awareness Training For All Seafarers | Azerbaijan | SI-2546-24 | SMPA | 21.06.2024 | Unlimited |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | Sh-2063-24 | SMPA | 05.07.2024 | Unlimited |

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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
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.DARYADAAN SHIPPING | 2.- |
| Name of person to contact | - | - |
| Address | Russia | - |
| ☎ 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: 05.08.2024

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