



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 5K0AR4Z
Position Applied for:	Rating forming part of a navigational watch	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: JAMIL	Last Name: HAJIYEV	
Date of Birth: 02.01.1992	Place of Birth (City and Country): Azerbaijan, NEFTCHALA	
Email:-	Mobile Number: (+994) 51565 68 07	
Permanent Address: Neftchala district , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 631 86 89 Brother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Javid	Hajiyev	Male	Brother	+994 50 631 86 89

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
IST Services	Azerbaijan	10.2023	04.2024	Course

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Physical Data	
Height	179
Weight	80
Boilersuit Size	L
Shoes Size	41
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
Seaman Book	Azerbaijan	DQK 028664	26.06.2024	Azerbaijan	26.06.2029

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

Certificate of Competency	Azerbaijan	RP15222	11.06.2024	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C05221309	29.07.2024	Azerbaijan	28.07.2034
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-0654-24	SMPA	11.03.2024	11.03.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0654-24	SMPA	11.03.2024	11.03.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-0654-24	SMPA	11.03.2024	11.03.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0654-24	SMPA	11.03.2024	11.03.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0654-24	SMPA	11.03.2024	11.03.2029
International Safety Management	Azerbaijan	SP-0541-24	SMPA	06.03.2024	06.03.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0735-24	SMPA	03.04.2024	27.03.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0508-24	SMPA	09.02.2024	09.02.2029
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0418-24	SMPA	20.02.2024	20.02.2029

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(Please give a full record starting with the last vessel on which you served)

[illegible]

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11 For Engineers (Please provide details)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12 Other Experience

Azerbaijan Language : Excellent

12 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	-

13 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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14 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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15 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: 05.08.2024

Signature

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