



APPLICATION FORM

1 Position identity card PIN Number 0W1TJKW Position Applied for: Rating forming part of a navigational Watch

Date Available from:	01.02.2024
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2 Personal Information Gender: Male

ELDAR	Last Name: NASRULLAYEV
Date of Birth: 14.07.1990	Place of Birth (City and Country): Azerbaijan, BAKU
Email: eldarnasrullayev79@gmail.com	Mobile Number: (+994) 50 317 00 09; 055 317 00 09
Permanent Address: Baku city, Yasamal district, H.Cavid street , home 19	Expected Salary Per Month: 1200\$
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 50 349 39 63 Sister	

3 Family Details: (If Unmarried kindly give details of Father / Mother)

		First Name	Last Name	Gender	Relation	Contact
Mina	Farzaliyeva	Female	Sister			050 349 39 63

4 Maritime Education

Name of school Country From To Type of degree or diploma

Kainat Maritime MMC	Azerbaijan	04.2023	11.2023	Course

5 Physical Data

Height 174

Weight	83
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.}	

6 Seaman's Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
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Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Cemeranzemli TIRCA/en Plaza Business Center 2nd floor, apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

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

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Seaman Book	Azerbaijan	DQK 026461	18.01.2024	Azerbaijan	18.01.2029
Certificate of Competency	Azerbaijan	RP14203	28.12.2023	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C04051072	23.12.2022	Azerbaijan	22.12.2032
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
-	-	-

8 Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

9 STCW Certificates & Trainings

Courses Issued Country Certificate No. Training

CenterDate Issued Date Of Expiry

PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-4871-23	UAG	25.09.2023	15.09.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4871-23	UAG	25.09.2023	15.09.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4871-23	UAG	25.09.2023	15.09.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4871-23	UAG	25.09.2023	15.09.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4871-23	UAG	25.09.2023	15.09.2028

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11 For Engineers (Please provide details)

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

12 Other Experience

-

12 Travel Documents

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	YES	07.12.2013
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)

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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16 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.	-	-

17 Declaration

I hereby declare that the above particulars are true and authorise you to contact the referees listed above.
I have read it, I am familiar with it, I confirm with my signature.



Signature

Date: 31.01.2024

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