



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 4M3226E
Position Applied for:	Electro Technical Officer
Date Available from:	-

2

Personal Information		Gender: Male
First Name: KAMRAN	Last Name: ALIYEV	
Date of Birth: 10.12.1989	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: mimaxx708@gmail.com	Mobile Number: (+994) 51 777 09 47	
Permanent Address: 1/97, Aydin Mamadov street, Sabail district, Baku , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 506 07 14 Father		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Zaur	Aliyev	Male	Father	+994505060714

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2007	2015	Bachelor

5

Physical Data	
Height	180
Weight	79-80
Boilersuit Size	52
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.}	

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

6

Seaman`s Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 025359		10.10.2023	Azerbaijan		10.10.2028
Certificate of Competency	Azerbaijan	0007277		17.08.2021	Azerbaijan		17.08.2026
Republic of Azerbaijan	Azerbaijan	C03648686		04.09.2021	Azerbaijan		03.09.2031
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

License

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

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-2333-22	SMPA	26.05.2022	19.05.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2333-22	SMPA	26.05.2022	19.05.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-2333-22	SMPA	26.05.2022	19.05.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2333-22	SMPA	26.05.2022	19.05.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2333-22	SMPA	26.05.2022	19.05.2027
International Safety Management	Azerbaijan	SP-1783-22	SMPA	14.06.2022	14.06.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1392-22	SMPA	26.05.2022	26.05.2027
Medical First Aid	Azerbaijan	SN-0510-24	SMPA	14.05.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SP-1386-22	SMPA	26.07.2022	26.07.2027
Ship Security Officer	Azerbaijan	SJ-0217-20	SMPA	12.05.2020	19.03.2025
Leadership & Teamwork	Azerbaijan	DL-0049-20	SMPA	11.03.2020	11.03.2025

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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

(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

Russian Language : Excellent
 Azerbaijan Language ;Excellent
 English 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)

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 authorize you to contact the referees listed above.
I have read it, I am familiar with it, I confirm with my signature.

Date: 12.08.2024

Signature

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