



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

| | |
|------------------------------|---|
| Position | identity card PIN Number 6053VWH |
| Position Applied for: | Electro-Technical Officer |
| Date Available from: | - |

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| | | |
|---|---|---------------------|
| Personal Information | | Gender: Male |
| First Name: ULVI | Last Name: MUSAZADE | |
| Date of Birth: 25.03.1997 | Place of Birth (City and Country): Azerbaijan, BAKU | |
| Email: ulvimusazade999@gmail.com | Mobile Number: (+994) 55 479 42 52 ; (+994)77 769 63 00 | |
| Permanent Address: R.Taghiyev street, Yasamal district, Baku, Azerbaijan | Expected Salary Per Month: - | |
| Nationality: Azerbaijan | Alternative rank applying for: ETR | |
| Person to call in emergency: (+994) 55 664 61 66 Brother | | |

3

| | | | | |
|--|------------------|---------------|-----------------|-------------------|
| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
| First Name | Last Name | Gender | Relation | Contact |
| Nijat | Musazada | Male | Brother | +994 55 664 61 66 |
| | | | | |

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| | | | | |
|---------------------------------|----------------|-------------|-----------|----------------------------------|
| Maritime Education | | | | |
| Name of school | Country | From | To | Type of degree or diploma |
| Azerbaijan State Marine Academy | Azerbaijan | 2015 | 2019 | Bachelor |
| | | | | |

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| | |
|--|-----------|
| Physical Data | |
| Height | 169 |
| Weight | 75 |
| Boilersuit Size | S |
| Shoes Size | 41 |
| Blood group | AB(IV)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

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

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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 016865 | | 18.12.2020 | Azerbaijan | | 18.12.2025 |
| Certificate of Competency | Azerbaijan | 0008152 | | 16.04.2024 | Azerbaijan | | 16.04.2029 |
| Republic of Azerbaijan | Azerbaijan | C03081124 | | 27.08.2020 | Azerbaijan | | 26.08.2030 |
| 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-0466-21 | SMPA | 16.03.2021 | 16.03.2026 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-0466-21 | SMPA | 16.03.2021 | 16.03.2026 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-0466-21 | SMPA | 16.03.2021 | 16.03.2026 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-0466-21 | SMPA | 16.03.2021 | 16.03.2026 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-0466-21 | SMPA | 16.03.2021 | 16.03.2026 |
| International Safety Management | Azerbaijan | SP-0273-21 | SMPA | 19.03.2021 | 18.03.2026 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-0328-21 | SMPA | 12.03.2021 | 12.03.2026 |
| Security Awareness Training For All Seafarers | Azerbaijan | SI-0466-23 | SMPA | 15.02.2023 | 15.02.2028 |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-0128-21 | SMPA | 05.03.2021 | 04.03.2026 |
| Medical First Aid | Azerbaijan | SN-0198-23 | SMPA | 13.02.2023 | 13.02.2028 |
| Leadership & Teamwork | Azerbaijan | DL-0135-23 | SMPA | 22.02.2023 | 17.02.2028 |
| Advanced Training in Fire Fighting | Azerbaijan | SJ-0150-23 | SMPA | 08.02.2023 | 08.02.2028 |

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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

English Language: Good
 Azerbaijan Language : Excellent
 Turkish 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. ADMIRAL SHIPPING | 2.DOA MARITIME LTD |
| 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.



Signature

Date: 13.08.2024

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