



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>		<b>identity card PIN Number 7LH403W</b>
<b>Position Applied for:</b>	Rating forming part of an engine-room watch	
<b>Date Available from:</b>	-	

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: JAVID</b>	<b>Last Name: RZAYEV</b>	
Date of Birth: 29.09.2002	Place of Birth (City and Country): Azerbaijan, KHACMAZ	
Email: rzacavid39@gmail.com	Mobile Number: (+994) 70 807 23 24 (+994)51 982 81 67	
Permanent Address: Sibiropa village ,Khacmaz district, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) 51 307 46 69 Father</b>		

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<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
Aghagul	Rzayev	Male	Father	+994513074669

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<b>Maritime Education</b>				
<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
IST Services	Azerbaijan	07.2023	01.2024	Course

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<b>Physical Data</b>	
Height	165
Weight	55
Boilersuit Size	M
Shoes Size	42
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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<b>Seaman`s Book &amp; Identify Docs</b>					
<b>DOCUMENT</b>	<b>COUNTRY</b>	<b>NUMBER</b>	<b>DATE OF ISSUE</b>	<b>PLACE OF ISSUE</b>	<b>DATE OF EXPIRY</b>
Seaman Book	Azerbaijan	DQK 028532	13.06.2024	Azerbaijan	13.06.2029

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	RP15162	04.06.2024	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C05024602	05.09.2024	Azerbaijan	04.09.2034
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 TECHNICS	Azerbaijan	SO-0650-24	SMPA	07.03.2024	06.03.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0650-24	SMPA	07.03.2024	06.03.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-0650-24	SMPA	07.03.2024	06.03.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0650-24	SMPA	07.03.2024	06.03.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0650-24	SMPA	07.03.2024	06.03.2029
International Safety Management	Azerbaijan	SP-0366-24	SMPA	20.02.2024	20.02.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1916-24	SMPA	14.06.2024	29.05.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-2080-24	SMPA	15.05.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2792-24	SMPA	02.09.2024	Unlimited

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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 : Good

**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
<b>Vaccination</b>		
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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**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.



Signature

Date: 17.09.2024

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