



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 1LSFGJW
Position Applied for:	Chief Engineer
Date Available from:	-

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Personal Information	Gender: Male
First Name: SAHLIYAR	Last Name: SULEYMANOV
Date of Birth: 25.12.1961	Place of Birth (City and Country): Azerbaijan, GOYCHAY
Email: -	Mobile Number: (+994) 50 346 58 34
Permanent Address: Gadir Mammadov street , Khatai district, Baku, Azerbaijan	Expected Salary Per Month:-
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 55 461 5252 Son	

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Shahriyar	Suleymanov	Male	Brother	+994554615252

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	1977	1981	Bachelor

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Physical Data	
Height	178
Weight	85
Boilersuit Size	52
Shoes Size	43
Blood group	O(I)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 019892		19.04.2022	Azerbaijan		19.04.2027
Certificate of Competency	Azerbaijan	0000257		11.04.2022	Azerbaijan		05.03.2027
Republic of Azerbaijan	Azerbaijan	C01832096		01.06.2018	Azerbaijan		31.05.2028
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-0342-22	SMPA	04.02.2022	28.01.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0342-22	SMPA	04.02.2022	28.01.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-0342-22	SMPA	04.02.2022	28.01.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0342-22	SMPA	04.02.2022	28.01.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0342-22	SMPA	04.02.2022	28.01.2027
International Safety Management	Azerbaijan	SP-0349-22	SMPA	09.02.2022	31.01.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0331-22	SMPA	14.02.2022	28.01.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-3786	SMPA	24.09.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0123-22	SMPA	03.02.2022	25.01.2027
Updating	Azerbaijan	XS-0452-22	SMPA	15.03.2022	05.03.2027
Leadership & Teamwork	Azerbaijan	DL-0172-22	SMPA	04.02.2022	21.01.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0157-22	SMPA	04.02.2022	20.01.2027
Eugenie-room resource management	Azerbaijan	ER-0057-22	SMPA	27.01.2022	14.01.2027
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	SB-0354-22	SMPA	23.12.2022	30.11.2027
Medical First Aid	Azerbaijan	SN-0113-22	SMPA	04.02.2022	24.01.2027
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(Please give a full record starting with the last vessel on which you served)

[illegible]

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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

Russian Language : Good
Azerbaijan Language: Good

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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.-	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: 08.10.2024

Signature

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