



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 6K7455P</b>
<b>Position Applied for:</b>	Officer in charge of a navigational watch
<b>Date Available from:</b>	-

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: ELVIN</b>	<b>Last Name: ASADOV</b>	
Date of Birth: 27.10.1998	Place of Birth (City and Country): Russian Federation, TATARISTAN	
Email: elvinasadov1998@icloud.com	Mobile Number: (+994) 50 594 33 26	
Permanent Address: G.M.Asadov street , Neftchala district , Azerbaijan	Expected Salary Per Month: >3500\$	
Nationality: Azerbaijan	Alternative rank applying for: 3 <sup>RD</sup> Off	
<b>Person to call in emergency: (+994) 50 674 45 73 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>
Seymur	Asadov	Male	Father	+994506744573

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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>
Azerbaijan State Marine Academy	Azerbaijan	2016	2020	Bachelor

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<b>Physical Data</b>	
Height	178
Weight	67
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.}	

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

## Seaman's Book &amp; Identify Docs

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 026572		27.01.2024	Azerbaijan		07.01.2029
Certificate of Competency	Azerbaijan	0007507		28.06.2022	Azerbaijan		28.06.2027
Republic of Azerbaijan	Azerbaijan	C04055698		07.08.2021	Azerbaijan		06.08.2031
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				-			

## Professional Test

Professional Test Date	Name of Test	Score
-	-	-

## License

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

## STCW Certificates &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-1043-22	SMPA	09.03.2022	05.03.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1043-22	SMPA	09.03.2022	05.03.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-1043-22	SMPA	09.03.2022	05.03.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1043-22	SMPA	09.03.2022	05.03.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1043-22	SMPA	09.03.2022	05.03.2027
International Safety Management	Azerbaijan	SP-0819-22	SMPA	05.04.2022	31.03.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0632-22	SMPA	18.03.2022	16.03.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0615-22	SMPA	01.04.2022	29.03.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0674-21	SMPA	24.08.2021	20.08.2026
Dangerous , hazardous and harmful cargoes	Azerbaijan	SK-0684-24	SMPA	20.09.2024	20.09.2029
Leadership & Teamwork	Azerbaijan	DL-0581-22	SMPA	11.04.2022	06.04.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0475-22	SMPA	22.04.2022	21.04.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0247-21	SMPA	18.08.2021	18.08.2026
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	SB-0222-24	SMPA	16.09.2024	16.09.2029
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan	AS-0133-24	SMPA	17.09.2024	17.09.2029
Medical First Aid	Azerbaijan	SN-0477-22	SMPA	10.05.2022	29.04.2027
Medical Care	Azerbaijan	-	SMPA	-	-
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0052-24	SMPA	06.02.2024	06.02.2029
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0297-24	SMPA	06.09.2024	06.09.2029
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0459-24	SMPA	10.09.2024	10.09.2029
Bridge Resource Management	Azerbaijan	SW-0189-22	SMPA	15.04.2022	15.04.2027

Ship Management  
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New Building & Repair

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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**

Azerbaijan Language : Native  
 Russian Language : Native  
 English Language : Upper Intermediate  
 Turkish Language: Advance

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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
<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)

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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: 21.10.2024

\_\_\_\_\_  
Signature

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