



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>		<b>identity card PIN Number 67TX34E</b>
<b>Position Applied for:</b>	Able Seafarer Deck	
<b>Date Available from:</b>	-	

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: TABRIZ</b>	<b>Last Name: JAVADOV</b>	
Date of Birth: 26.11.1997	Place of Birth (City and Country): Azerbaijan, GUSAR	
Email: venezia95@list.ru	Mobile Number: (+994) 50 700 11 41	
Permanent Address: M.Hadi street , Khatai district , Baku, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 422 18 22 Mother		

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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>
Sevil	Javadov	Female	Mother	+99450 422 18 22

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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>
Astrakhan State Tehnical University	Russia	2018	2022	Bachelor

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<b>Physical Data</b>	
Height	180
Weight	85
Boilersuit Size	XL
Shoes Size	44
Blood group	B(III)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>

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 Book	Azerbaijan	DQK 029699		06.09.2024	Azerbaijan		06.09.2029
Certificate of Competency	Azerbaijan	RP08809		05.04.2019	Azerbaijan		05.04.2029
Republic of Azerbaijan	Azerbaijan	C01567718		01.08.2017	Azerbaijan		31.07.2027
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-3641-24	SMPA	20.09.2024	20.09.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3641-24	SMPA	20.09.2024	20.09.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-3641-24	SMPA	20.09.2024	20.09.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3641-24	SMPA	20.09.2024	20.09.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3641-24	SMPA	20.09.2024	20.09.2029
International Safety Management	Azerbaijan	SP-3113-24	SMPA	16.09.2024	16.09.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3372-24	SMPA	01.10.2024	26.09.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-3872-24	SMPA	04.10.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3224-24	SMPA	09.10.2024	Unlimited
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0952-24	SMPA	17.09.2024	Unlimited

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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**

Russia Language : Average  
Turkish 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
<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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