



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 4WRFDJ7
Position Applied for:	Officer in charge of a navigational watch
Date Available from:	-

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Personal Information		Gender: Male
First Name: VASIF	Last Name: GULIYEV	
Date of Birth: 09.09.1968	Place of Birth (City and Country): Azerbaijan, SIYAZAN	
Email: vasifquliyev457@gmail.com	Mobile Number: (+994) 55 915 13 73	
Permanent Address: Babak street, Siyazan district , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 55 980 08 09 Son		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Yusif	Guliyev	Male	Son	+994559800809

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Fishing Industrial School	Azerbaijan	1986	1991	Sub-Bachelor

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Physical Data	
Height	170
Weight	78
Boilersuit Size	L
Shoes Size	41
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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Seaman`s Book & Identify Docs					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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 030200		22.10.2024	Azerbaijan		22.10.2029
Certificate of Competency	Russia	ASF208478760		25.09.2024	Russia		-
Republic of Azerbaijan	Azerbaijan	C03905991		28.10.2023	Azerbaijan		27.10.2033
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	Russia	034552	AOTC	05.03.2024	05.03.2029
FIRE PREVENTION & FIRE FIGHTING	Russia	034552	AOTC	05.03.2024	05.03.2029
ELEMENTARY FIRST AID	Russia	034552	AOTC	05.03.2024	05.03.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Russia	034552	AOTC	05.03.2024	05.03.2029
SAFETY FAMILIARIZATION TRAINING	Russia	034552	AOTC	05.03.2024	05.03.2029
Medical First Aid	Russia	035666	AOTC	16.09.2024	16.09.2029
Proficiency in Survival Craft & Rescue Boats	Russia	040408	AOTC	03.09.2024	03.09.2029
Security Training For Seafarers With Designated Security Duties	Russia	036628	AOTC	07.03.2024	07.03.2029
Global Maritime Distress and Safety System general operator	Russia	038005	AOTC	01.08.2024	01.08.2029
Radar, ARPA, bridge teamwork and search and rescue	Russia	037396	AOTC	10.09.2024	10.09.2029
Advanced Training in Fire Fighting	Russia	039574	AOTC	28.08.2024	28.09.2029

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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
 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
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: 25.10.2024

Signature

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