



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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|                              |                                             |                                         |
|------------------------------|---------------------------------------------|-----------------------------------------|
| <b>Position</b>              |                                             | <b>identity card PIN Number 7B5146N</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: ROMAN</b>                                        | <b>Last Name: RAMAZANOV</b>                         |                     |
| Date of Birth: 23.05.2000                                       | Place of Birth (City and Country): Azerbaijan, GUBA |                     |
| Email: ramazanovroman040@gmail.com                              | Mobile Number: (+994) 70 577 71 07                  |                     |
| Permanent Address: Gulgazi village ,Guba district , Azerbaijan  | Expected Salary Per Month: -                        |                     |
| Nationality: Azerbaijan                                         | Alternative rank applying for:-                     |                     |
| <b>Person to call in emergency: (+994) 55 559 29 09 Brother</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> |
| Ravan                                                                        | Balagardasov     | Male          | Brother         | +994555592909  |
|                                                                              |                  |               |                 |                |

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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> |
| Kainat Maritime MMC       | Azerbaijan     | 22.01.2024  | 09.08.2024 | Course                           |
|                           |                |             |            |                                  |

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|                                                                                                                          |          |
|--------------------------------------------------------------------------------------------------------------------------|----------|
| <b>Physical Data</b>                                                                                                     |          |
| Height                                                                                                                   | 168      |
| Weight                                                                                                                   | 75       |
| Boilersuit Size                                                                                                          | XL       |
| 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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|                                          |                |               |                      |                       |                       |
|------------------------------------------|----------------|---------------|----------------------|-----------------------|-----------------------|
| <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 Cemenzenmenli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

|                                                  |            |            |    |             |            |                |            |
|--------------------------------------------------|------------|------------|----|-------------|------------|----------------|------------|
| Seaman Book                                      | Azerbaijan | DQK 029761 |    | 11.09.2024  | Azerbaijan |                | 11.09.2029 |
| Certificate of Competency                        | Azerbaijan | RP15907    |    | 03.09.2024  | Azerbaijan |                | -          |
| Republic of Azerbaijan                           | Azerbaijan | C05228946  |    | 12.07.2024  | Azerbaijan |                | 11.07.2034 |
| 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 &amp; Trainings

| Courses                                                         | Issued Country | Certificate No. | Training Center | Date Issued | Date Of Expiry |
|-----------------------------------------------------------------|----------------|-----------------|-----------------|-------------|----------------|
| PERSONAL SURVIVAL TECHNIQS                                      | Azerbaijan     | SO-2123-24      | SMPA            | 10.06.2024  | 31.05.2029     |
| FIRE PREVENTION & FIRE FIGHTING                                 | Azerbaijan     | SO-2123-24      | SMPA            | 10.06.2024  | 31.05.2029     |
| ELEMENTARY FIRST AID                                            | Azerbaijan     | SO-2123-24      | SMPA            | 10.06.2024  | 31.05.2029     |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY                         | Azerbaijan     | SO-2123-24      | SMPA            | 10.06.2024  | 31.05.2029     |
| SAFETY FAMILIARIZATION TRAINING                                 | Azerbaijan     | SO-2123-24      | SMPA            | 10.06.2024  | 31.05.2029     |
| International Safety Management                                 | Azerbaijan     | SP-1887-24      | SMPA            | 07.06.2024  | 07.06.2026     |
| Proficiency in Survival Craft & Rescue Boats                    | Azerbaijan     | SL-1678-24      | SMPA            | 23.05.2024  | 23.05.2029     |
| Security Awareness Training For All Seafarers                   | Azerbaijan     | SI-2326-24      | SMPA            | 30.05.2024  | Unlimited      |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan     | SH-1884-24      | SMPA            | 10.06.2024  | 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  
English Language ; Elementary

**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)

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**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)

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**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.                                          |

Date: 18.11.2024

\_\_\_\_\_  
Signature

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