

**UNITED ALLIANCE GROUP LTD****AZERBAIJAN BRANCH**

## APPLICATION FORM

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<b>Position</b>		<b>identity card PIN Number 64E8F7B</b>
<b>Position Applied for:</b>	Rating forming part of an engine -room watch	
<b>Date Available from:</b>	-	

**2**

<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: ORKHAN</b>	<b>Last Name: ALIYEV</b>	
Date of Birth: 02.06.1997	Place of Birth (City and Country): Azerbaijan, SALYAN	
Email: eliyevorxan2017@gmail.com	Mobile Number: (+994) 77 521 19 51	
Permanent Address: H.Aliyev avenue , Khirdalan town , bsheron district , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) 77 336 82 16 Father</b>		

**3**

<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>
Taleh	Aliyev	Male	Father	+994773368216

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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	25.05.2022	09.12.2022	Course

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<b>Physical Data</b>	
Height	<b>172</b>
Weight	73
Boilersuit Size	M
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.}	

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 028041		14.05.2024	Azerbaijan		14.05.2029
Certificate of Competency	Azerbaijan	RP14923		29.04.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02953984		22.07.2022	Azerbaijan		21.07.2032
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 TECHNICS	Azerbaijan	SO-4442-22	SMPA	29.09.2022	15.09.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4442-22	SMPA	29.09.2022	15.09.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-4442-22	SMPA	29.09.2022	15.09.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4442-22	SMPA	29.09.2022	15.09.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4442-22	SMPA	29.09.2022	15.09.2027
International Safety Management	Azerbaijan	SP-2945-22	SMPA	30.09.2022	09.09.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3080-22	SMPA	30.09.2022	08.09.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-2406-22	SMPA	29.09.2022	27.09.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1959-22	SMPA	29.09.2022	29.09.2027

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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**

English Language : Average

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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.



Signature

Date: 21.11.2024

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