



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>		<b>identity card PIN Number 6BH11NG</b>
<b>Position Applied for:</b>	Cook	
<b>Date Available from:</b>	-	

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: BAHRUZ</b>	<b>Last Name: ALLAHVERDIYEV</b>	
Date of Birth: 17.04.1992	Place of Birth (City and Country): Azerbaijan, NEFTCHALA	
Email: allahverdiyevbehruz578@gmail.com	Mobile Number: (+994) 50 364 61 77 (+994) 77 364 61 77	
Permanent Address: Girmizikand village, Neftchala district, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 51 797 08 94 Brother		

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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>
Sabuhi	Allahverdiyev	Male	Brother	+994517970894

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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	20.01.2022	29.11.2022	Course

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<b>Physical Data</b>	
Height	182
Weight	87
Boilersuit Size	XXL
Shoes Size	43
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>
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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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 030394		16.11.2024	Azerbaijan		16.11.2029
Certificate of Competency	Azerbaijan	RP12102		15.12.2022	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C05026930		04.11.2024	Azerbaijan		03.11.2034
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-0059-24	SMPA	12.01.2024	12.01.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0059-24	SMPA	12.01.2024	12.01.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-0059-24	SMPA	12.01.2024	12.01.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0059-24	SMPA	12.01.2024	12.01.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0059-24	SMPA	12.01.2024	12.01.2029
International Safety Management	Azerbaijan	SP-3740-24	SMPA	01.11.2024	01.11.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3834-24	SMPA	07.11.2024	07.11.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-1860-24	SMPA	10.05.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3614-24	SMPA	16.11.2024	Unlimited

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(Please give a full record starting with the last vessel on which you served)

[illegible]

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**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  
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.



Signature

Date: 27.11.2024

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