



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position		identity card PIN Number 5HFUQBR
Position Applied for:	Electro -Technical Rating	
Date Available from:	-	

2

Personal Information		Gender: Male
First Name: TOFIG	Last Name: NAJAFOV	
Date of Birth: 02.02.1992	Place of Birth (City and Country): Azerbaijan, GUBA	
Email: tofignecefov983@gmail.com	Mobile Number: (+994) 50 983 00 20	
Permanent Address: SMU-30, Guba district, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 797 66 22 Brother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Mais	Najafov	Male	Brother	+994 50 797 66 22

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2009	2013	Bachelor

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Physical Data	
Height	174
Weight	74
Boilersuit Size	L
Shoes Size	42
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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Seaman`s Book & Identify Docs
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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 024681		15.08.2023	Azerbaijan		15.08.2028
Certificate of Competency	Azerbaijan	RP06442		07.08.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02367073		12.02.2019	Azerbaijan		11.02.2029
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-3576-23	SMPA	24.07.2023	12.07.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3576-23	SMPA	24.07.2023	12.07.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-3576-23	SMPA	24.07.2023	12.07.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3576-23	SMPA	24.07.2023	12.07.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3576-23	SMPA	24.07.2023	12.07.2028
International Safety Management	Azerbaijan	SP-2062-23	SMPA	04.07.2023	04.07.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2312-23	SMPA	13.07.2023	11.07.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2222-23	SMPA	13.07.2023	13.07.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1521-23	SMPA	06.07.2023	06.07.2028
Dangerous , hazardous and harmful cargoes	Azerbaijan	SK-0627-23	SMPA	20.10.2023	20.10.2028
1000 Voltage	Azerbaijan	DM-0248-23	SMPA	13.10.2023	13.10.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-1217-24	SMPA	14.11.2024	Unlimited

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11 For Engineers (Please provide details)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12 Other Experience

From 2014 to 2020 he worked at the Guba Konservy factory

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
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)

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)

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.PALMALI SHIPPING	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: 02.12.2024

Signature

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