



**UNITED ALLIANCE GROUP LTD**

**AZERBAIJAN BRANCH**



## APPLICATION FORM

1

<b>Position</b>	<b>identity card PIN Number 197L3LS</b>
<b>Position Applied for:</b>	Able Seafarer-Engine
<b>Date Available from:</b>	-

2

<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: ADIKHAN</b>	<b>Last Name: HAJIYEV</b>	
Date of Birth: 08.10.1985	Place of Birth (City and Country): Azerbaijan, YARDIMLI	
Email:-	Mobile Number: (+994) 55 393 63 28	
Permanent Address: Saray village, Absheron district, Baku, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) 55 862 88 07 Brother</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>
Tarkhan	Hajiyev	Male	Brother	+994558628807

4

<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	18.02.2022	23.08.2022	Course

5

<b>Physical Data</b>	
Height	<b>168</b>
Weight	70
Boilersuit Size	L
Shoes Size	40
Blood group	O(I)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

6

<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 Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

Seaman Book	Azerbaijan	DQK 020591	22.06.2022	Azerbaijan	22.06.2027
Certificate of Competency	Azerbaijan	RP11821	25.11.2024	Azerbaijan	
Republic of Azerbaijan	Azerbaijan	C02995719	04.10.2022	Azerbaijan	03.10.2032
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	-				

7

## Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8

## License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

9

## STCW Certificates &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-1811-22	SMPA	21.04.2022	20.04.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1811-22	SMPA	21.04.2022	20.04.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-1811-22	SMPA	21.04.2022	20.04.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1811-22	SMPA	21.04.2022	20.04.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1811-22	SMPA	21.04.2022	20.04.2027
International Safety Management	Azerbaijan	SP-1098-22	SMPA	21.04.2022	11.04.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1124-22	SMPA	10.05.2022	15.04.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0939-22	SMPA	22.04.2022	09.03.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0601-22	SMPA	21.04.2022	10.03.2027

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**PAGE 3 OF 5**

11

**For Engineers (Please provide details)**

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

12

**Other Experience**

Azerbaijan Language : Native  
 English Language : Average  
 Russian Language : Average  
 Turkish Language : Good

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)

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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16

**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.	-	-

17

**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: 09.01.2025

\_\_\_\_\_  
Signature

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