



**UNITED ALLIANCE GROUP LTD**

**AZERBAIJAN BRANCH**



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 6GZDMWT</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: ARAZ</b>	<b>Last Name: DADASHOV</b>	
Date of Birth: 28.02.1999	Place of Birth (City and Country): Azerbaijan, BILASUVAR	
Email: araz.dadasov28@gmail.com	Mobile Number: (+994) 70 289 28 99	
Permanent Address: Bilasuvar district, Aghali village	Expected Salary Per Month: 800\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) 50 563 80 90 Father</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>
Mayis	Dadashov	Male	Father	0505638090

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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>
Azerbaijan Maritime College	Azerbaijan	2014	2018	Sub-bachelor

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<b>Physical Data</b>	
Height	<b>183</b>
Weight	74
Boilersuit Size	XL
Shoes Size	42
Blood group	O(I)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 Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

Seaman Book	Azerbaijan	DQK 025197		27.09.2023	Azerbaijan		27.09.2028
Certificate of Competency	Azerbaijan	RP13607		19.09.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C04139642		28.09.2023	Azerbaijan		27.09.2033
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	Place Issued	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 TECHNIQS	Azerbaijan	SO-4492-23	SMPA	28.08.2023	25.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4492-23	SMPA	28.08.2023	25.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4492-23	SMPA	28.08.2023	25.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4492-23	SMPA	28.08.2023	25.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4492-23	SMPA	28.08.2023	25.08.2028
International Safety Management	Azerbaijan	SP-2929-23	SMPA	28.08.2023	28.08.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3248-23	SMPA	30.08.2023	30.08.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2754-23	SMPA	24.08.2023	24.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2408-23	SMPA	06.09.2023	29.08.2028

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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**

-
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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	
<b>Vaccination</b>		
Yellow Fever	YES/NO	NO
COVID-19	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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**Medical history**

Have you ever signed off a ship due to medical reasons?	YES/NO	
Have you undergone any operation in the past?	YES/NO	
Have you consulted a doctor during the last 12 months for an illness/accident?	YES/NO	
Do you have any health or disability problems now?	YES/NO	
Do you take any medications regularly?	YES/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	
Have you ever had a professional license suspended or revoked?	YES/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: 14.02.2025

Signature

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