



**UNITED ALLIANCE GROUP LTD**  
AZERBAIJAN BRANCH



## APPLICATION FORM

**1** **Position** identity card PIN Number 397QR2U

<b>Position Applied for:</b>	RATING FORMING PART A NAVIGATIONALWATCH
<b>Date Available from:</b>	-

**2** **Personal Information** Gender: Male

<b>First Name:</b> NAMIG	<b>Last Name:</b> ALIYEV
Date of Birth: 01.05.1993	Place of Birth (City and Country): Azerbaijan,Baku
Email: aliyev.namig314@gmail.com	Mobile Number: (+994) 55 314 20 44
Permanent Address: Azerbaijan,Sabail,Neftchilar str 4\21	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -
<b>Person to call in emergency: (+994) 50 461 72 53 FATHER</b>	

**3** **Family Details: (If Unmarried kindly give details of Father / Mother)**

First Name	Last Name	Gender	Relation	Contact
Abdulla	Aliyev	MALE	Father	+994 50 461 72 53

**4** **Maritime Education**

Name of school	Country	From	To	Type of degree or diploma
United Alliance Group LTD	Azerbaijan	07.08.2024	20.02.2025	course

**5** **Physical Data**

Height	1.75
Weight	70kg
Boilersuit Size	L
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.}	

**6** **Seaman`s Book & Identify Docs**

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 031298		20.03.2025	Azerbaijan		20.03.2030
Certificate of Competency	Azerbaijan	RP16706		09.09.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02130558		16.08.2018	Azerbaijan		15.08.2028
Do you hold a US Visa 'C1/D'?		YES/N	NO	Issue Date:	-	Expiry Date: -	
Do you hold a US Visa 'B1/B2'?		YES/N	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-3805-24	SMPA	07.10.2024	07.10.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3805-24	SMPA	07.10.2024	07.10.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-3805-24	SMPA	07.10.2024	07.10.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3805-24	SMPA	07.10.2024	07.10.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3805-24	SMPA	07.10.2024	07.10.2029
International Safety Management	Azerbaijan	SP-3658-24	SMPA	24.10.2024	18.10.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3523-24	SMPA	14.10.2024	10.10.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-4037-24	SMPA	16.07.2024	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0096-24	SMPA	31.01.2025	-

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

[illegible]

Yacht Management  
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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**

LANGUAGES  
Azerbaijani-well  
Russian – 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	-	-
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: 17.04.2025

\_\_\_\_\_  
Signature

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