



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1	Position identity card PIN Number 2GJZ3WJ				
	Position Applied for:			Electro Technical Rating	
	Date Available from:			-	

2	Personal Information		Gender: Male		
	First Name: MURAD		Last Name: ALIYEV		
	Date of Birth: 17.08.1996		Place of Birth (City and Country): Azerbaijan, GANJA		
	Email: murad.eliyeff@gmail.com		Mobile Number: (+994)50 773 00 13		
	Permanent Address: Sumgait city, Yashildara , neigbourhood 7 , Azerbaijan		Expected Salary Per Month: 2200\$-- 2800\$		
	Nationality: Azerbaijan		Alternative rank applying for: -		
	Person to call in emergency: (+994) 50 626 80 23 Father				

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Shahin	Aliyev	Male	Father	+994 50 626 80 23

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	Azerbaijan State Maritime College	Azerbaijan	2016	2020	Sub-Bachelor

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Physical Data

Height	173
Weight	80
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.}	

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

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Seaman`s Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
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Seaman Book	Azerbaijan	DQK 019429		06.03.2022	Azerbaijan		06.03.2027
Certificate of Competency	Azerbaijan	RP10929		21.02.2022	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03886852		24.04.2024	Azerbaijan		23.04.2034
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	-	-	-

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-0938-21	SMPA	25.05.2021	26.04.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0938-21	SMPA	25.05.2021	26.04.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0938-21	SMPA	25.05.2021	26.04.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0938-21	SMPA	25.05.2021	26.04.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0938-21	SMPA	25.05.2021	26.04.2026
International Safety Management	Azerbaijan	SP-0674-21	SMPA	16.05.2021	28.04.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0346-21	SMPA	29.03.2021	12.03.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-0370-21	SMPA	08.05.2021	30.04.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1089-21	SMPA	16.11.2021	15.10.2026
Basic training and qualifications on oil and chemical tanker cargo operations;	Ukraine	No-2	ADTC	07.02.2023	07.02.2028

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Seagoing Experience	
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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

Turkish Language : Excellent
Russian Language : Poor

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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
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)

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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. DORIAN SHIPPING INC	2. -
Name of person to contact	Yakup Bey	-
Address	-	-
☎ No.	+905425674767	-

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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: 10.05.2024

Signature

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