



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 4J2SA06
Position Applied for:	Officer in charge of a navigational watch
Date Available from:	-

2

Personal Information		Gender: Male
First Name: GORKHMAZ	Last Name: AGHAKISIYEV	
Date of Birth: 08.12.1988	Place of Birth (City and Country): Azerbaijan, KHACMAZ	
Email: aghakishiyevqok@gmail.com	Mobile Number: (+994) 55 894 46 49	
Permanent Address: Tomris street 7, Khacmaz district, Azerbaijan	Expected Salary Per Month:	
Nationality: Azerbaijan	Alternative rank applying for:	
Person to call in emergency: (+994) 55 989 12 69 Father		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Bahruz	Aghakishiyev	Male	Father	+994 55 989 12 69

4

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	175
Weight	74
Boilersuit Size	L
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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Seaman`s Book & Identify Docs
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Ship Management
ISM&ISPS Management
Ship Agency
Consultations
Provision, Ship Supply

Yacht Management
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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 022208		10.12.2022	Azerbaijan		10.12.2027
Certificate of Competency	Azerbaijan	0008189		16.05.2024	Azerbaijan		16.05.2029
Republic of Azerbaijan	Azerbaijan	C03789242		07.02.2023	Azerbaijan		06.02.2033
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	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-0443-23	SMPA	30.01.2023	13.01.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0443-23	SMPA	30.01.2023	13.01.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-0443-23	SMPA	30.01.2023	13.01.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0443-23	SMPA	30.01.2023	13.01.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0443-23	SMPA	30.01.2023	13.01.2028
International Safety Management	Azerbaijan	SP-0273-23	SMPA	26.01.2023	06.01.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0305-23	SMPA	30.01.2023	19.01.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0275-23	SMPA	26.01.2023	17.01.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3247-23	SMPA	12.12.2023	12.12.2028
Medical First Aid	Azerbaijan	SN-1799-23	SMPA	07.12.2023	07.12.2028
Leadership & Teamwork	Azerbaijan	DL-1051-23	SMPA	27.12.2023	27.12.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-1466-23	SMPA	27.11.2023	24.11.2028
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0087-24	SMPA	21.02.2024	21.02.2029
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SR-0045-24	SMPA	18.03.2024	18.03.2029
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0203-24	SMPA	27.03.2024	27.03.2029
Bridge Resource Management	Azerbaijan	SW-0041-24	SMPA	05.02.2024	05.02.2029
Handing and Manoeuvring	Azerbaijan	SV-0077-25	SMPA	16.04.2025	16.04.2030
Basic training and qualifications on oil chemical tanker cargo operations	Azerbaijan	SA-0619-24	SMPA	17.07.2024	10.07.2029
Advanced training for oil tanker cargo operations	Azerbaijan	SB-0059-25	SMPA	07.04.2025	07.04.2030
Dangerous, hazardous and harmful cargoes	Azerbaijan	SB-0059-25	SMPA	15.07.2024	05.07.2029
Advanced training for chemical tanker cargo operations	Azerbaijan	AS-0016-25	SMPA	17.03.2025	17.03.2030

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

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11	For Engineers (Please provide details)
Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12	Other Experience
Russian Language : Good English Language : Average Turkish Language : Good	

12	Travel Documents																				
<table border="1"> <thead> <tr> <th>Name</th> <th>YES/NO</th> <th>Country</th> <th>Date pf Expire</th> </tr> </thead> <tbody> <tr> <td>Schengen</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>US</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>China</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>Australia</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> </tbody> </table>	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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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)

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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)

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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.-	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: 17.07.2024

Signature

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