



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 5SBPUA3
Position Applied for:	Cook
Date Available from:	-

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Personal Information		Gender: Male
First Name: ALIXAN	Last Name: ALIYEV	
Date of Birth: 20.02.1993	Place of Birth (City and Country): Azerbaijan, KHACMAZ	
Email: eliyevlixan8@gmail.com	Mobile Number: (+994) 77 718 89 99	
Permanent Address: Khacmaz district, Agyazi-Budug village	Expected Salary Per Month: 2500\$	
Nationality: Azerbaijan	Alternative rank applying for: Cook	
Person to call in emergency: (+994) 70 671 32 33 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Bahadır	Aliyev	Male	Father	070 671 32 33

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Caspian Education Center	Azerbaijan	08.2022	12.2022	Course

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Physical Data	
Height	171
Weight	67
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					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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 022488		18.01.2023	Azerbaijan		18.01.2028
Certificate of Competency	Azerbaijan	RP12196		10.01.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C04074922		15.12.2022	Azerbaijan		14.12.2032
Seaman Book	Panama	P0047760A		05.04.2024	Panama		22.02.2029
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)	Azerbaijan	ASMA, BAKU	10.01.2023
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-4725-22	SMPA	18.10.2022	18.10.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4725-22	SMPA	18.10.2022	18.10.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-4725-22	SMPA	18.10.2022	18.10.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4725-22	SMPA	18.10.2022	18.10.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4725-22	SMPA	18.10.2022	18.10.2027
International Safety Management	Azerbaijan	SP-3163-22	SMPA	17.10.2022	17.10.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3556-22	SMPA	20.10.2022	20.10.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-2513-22	SMPA	12.10.2022	12.10.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2121-22	SMPA	19.10.2022	19.10.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0800-22	SMPA	12.10.2022	11.10.2027

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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

Azerbaijan Language: Good
Turkish language : 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
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. Unicorn Trade LTD	2.-
Name of person to contact	Behcet Bey	-
Address	-	-
☎ No.	+994 55 545 98 49	-

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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: 11.06.2025

Signature

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