



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 0Y9Y6GX
Position Applied for:	Chief Engineer
Date Available from:	-

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Personal Information		Gender: Male
First Name: AYAZ	Last Name: ADILOV	
Date of Birth: 11.04.1974	Place of Birth (City and Country): Azerbaijan, ISMAYILLI	
Email:-	Mobile Number: (+994) 55 726 03 46	
Permanent Adress: Ismayilli district, Galaciq village	Expected Salary Per Month: 5000\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 393 08 05 Wife		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Mahira	Adilova	Female	Wife	050 393 08 05

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	1991	1997	Bachelor

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Physical Data	
Height	166
Weight	76
Boilersuit Size	L
Shoes Size	41
Blood group	B(III)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 022963		11.03.2023	Azerbaijan		11.03.2028
Certificate of Competency	Azerbaijan	0000425		03.04.2023	Azerbaijan		15.02.2028
Republic of Azerbaijan	Azerbaijan	C03590850		30.03.2023	Azerbaijan		29.03.2033
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-4173-23	SMPA	11.08.2023	28.07.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4173-23	SMPA	11.08.2023	28.07.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4173-23	SMPA	11.08.2023	28.07.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4173-23	SMPA	11.08.2023	28.07.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4173-23	SMPA	11.08.2023	28.07.2028
International Safety Management	Azerbaijan	SP-3929-23	SMPA	07.12.2023	07.12.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0514-20	SMPA	20.07.2020	23.06.2025
Proficiency in Fast Rescue Boats	Azerbaijan	SU-0141-23	SMPA	11.04.2023	11.04.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2537-22	SMPA	27.12.2022	27.12.2027
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan	ER-0508-22	SMPA	26.08.2022	26.08.2027
Leadership & Teamwork	Azerbaijan	DL-0999-22	SMPA	24.06.2022	24.06.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-1326-23	SMPA	20.10.2023	20.10.2028
Medical First Aid	Azerbaijan	SN-0303-23	SMPA	23.02.2023	23.02.2028
Updating	Azerbaijan	XS-0133-23	SMPA	21.02.2023	15.02.2028

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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	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.-	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: 08.07.2025

Signature

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