



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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

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Personal Information	Gender: Male
First Name: ELXAN	Last Name: ALIYAROV
Date of Birth: 17.06.1991	Place of Birth (City and Country): Azerbaijan, SIYƏZƏN
Email:	Mobile Number: (+994) 51 645 97 98
Permanent Address: Siyəzən r-nu Sabir küç.ev 14	Expected Salary Per Month:
Nationality: Azerbaijan	Alternative rank applying for:
Person to call in emergency: (+994) 70 517 41 52 Mother	

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Əliyarova	Sədaqət	Female	Mother	(+994) 70 517 41 52

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat M ZM MMC	Azerbaijan	26.04.2022	02.09.2022	000115

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Physical Data	
Height	176
Weight	112
Boilersuit Size	xxxl
Shoes Size	42
Blood group	A(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
Seaman Book	Azerbaijan	DQK 020871	29.07.2022	Azerbaijan	29.07.2027

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

Certificate of Competency	Azerbaijan	ID RP11948	25.10.2022	Azerbaijan	
Republic of Azerbaijan	Azerbaijan	-	-	Azerbaijan	
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 TECHNIQS	Azerbaijan	SO-4358-24	SMPA	15.11.2024	15.11.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan		SMPA		
ELEMENTARY FIRST AID	Azerbaijan		SMPA		
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan		SMPA		
SAFETY FAMILIARIZATION TRAINING	Azerbaijan		SMPA		
International Safety Management	Azerbaijan		SMPA		
Proficiency in Survival Craft & Rescue Boats	Azerbaijan		SMPA		
Security Awareness Training For All Seafarers	Azerbaijan	SI-4274-24	SMPA	07.11.2024	
Security Training For Seafarers With Designated Security Duties	Azerbaijan		SMPA		
Ship Security Officer	Azerbaijan		SMPA		
Leadership & Teamwork	Azerbaijan		SMPA		
Advanced Training in Fire Fighting	Azerbaijan		SMPA		
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan		SMPA		
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan		SMPA		
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan		SMPA		
Medical First Aid	Azerbaijan		SMPA		
Medical Care	Azerbaijan		SMPA		
Global Maritime Distress and Safety System general operator	Azerbaijan		SMPA		
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan		SMPA		
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan		SMPA		
Bridge Resource Management	Azerbaijan		SMPA		
Ship Handling and Maneuvering	Azerbaijan		SMPA		
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan		SMPA		
1000v	Azerbaijan		SMPA		
	Azerbaijan		SMPA		
			SMPA		

Ship Management
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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 of 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:

Signature

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