



**UNITED ALLIANCE GROUP LTD**

**AZERBAIJAN BRANCH**



## APPLICATION FORM

1	<b>Position</b>					<b>identity card PIN Number 6M4NV3L</b>					
	<b>Position Applied for:</b>					Cook					
	<b>Date Available from:</b>					-					
2	<b>Personal Information</b>					<b>Gender: Male</b>					
	<b>First Name: ROYAL</b>					<b>Last Name: DAVUDOV</b>					
	Date of Birth: 22.11.1998					Place of Birth (City and Country): Azerbaijan, ASTARA					
	Email:davudovroyal878@gmail.com					Mobile Number: (+994) 51 975 18 83					
	Permanent Address: Astara district , Khijebe settlement, Azerbaijan					Expected Salary Per Month: 1500\$					
	Nationality: Azerbaijan					Alternative rank applying for: -					
	Person to call in emergency: (+994) 51 505 41 24 Father										
3	<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>										
	<b>First Name</b>		<b>Last Name</b>		<b>Gender</b>		<b>Relation</b>		<b>Contact</b>		
	Jamal		Davudov		Male		Father		+994515054124		
Morat		Davudov		Male		Brother		+90 505 297 38 82			
4	<b>Maritime Education</b>										
	<b>Name of school</b>		<b>Country</b>			<b>From</b>		<b>To</b>		<b>Type of degree or diploma</b>	
	Caspian Education Center		Azerbaijan			05.05.2023		31.08.2023		Course	
5	<b>Physical Data</b>										
	Height					170					
	Weight					70					
	Boilersuit Size					L					
	Shoes Size					40					
	Blood group					A(II)RH+					
	Additional Physical Information:{You can write any other information you want to add about your physique in this field.}										
6	<b>Seaman`s Book &amp; Identify Docs</b>										
	<b>DOCUMENT</b>	<b>COUNTRY</b>	<b>NUMBER</b>	<b>DATE OF ISSUE</b>	<b>PLACE OF ISSUE</b>	<b>DATE OF EXPIRY</b>					

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 Cemenzenenli 119c,Afen Plaza Business Center 5nd floor,apt 13

**Email:** crewing@unitedalliancegroup.com

**Tel:** +994 51 277 19 31

Seaman Book	Azerbaijan	DQK 025397		13.10.2023	Azerbaijan		13.10.2028
Certificate of Competency	Azerbaijan	RP13699		04.10.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02406465		18.11.2018	Azerbaijan		17.11.2028
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				-			

7

## Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8

## License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

9

## STCW Certificates &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-4417-23	SMPA	23.08.2023	14.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4417-23	SMPA	23.08.2023	14.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4417-23	SMPA	23.08.2023	14.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4417-23	SMPA	23.08.2023	14.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4417-23	SMPA	23.08.2023	14.08.2028
International Safety Management	Azerbaijan	SP-2756-23	SMPA	16.08.2023	19.08.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4089-23	SMPA	20.11.2023	17.11.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2601-23	SMPA	17.08.2023	11.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3091-23	SMPA	27.11.2023	22.11.2028

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

[illegible]

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11

**For Engineers (Please provide details)**

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12

**Other Experience**

Azerbaijan Language : Native  
Turkish Language : Good

12

**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	-

13

**Insurance ,Health Related Documentation**

Medical Certificate (Fit for Duty)	YES/NO	YES
<b>Vaccination</b>		
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)

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)

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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16

**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.	-	-

17

**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: 28.07.2025

Signature

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