



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 7N6TYC4</b>
<b>Position Applied for:</b>	Rating forming part of a navigational watch
<b>Date Available from:</b>	-

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<b>Personal Information</b>	<b>Gender: Male</b>
<b>First Name: RUHID</b>	<b>Last Name: MEHTIYEV</b>
Date of Birth: 21.03.2004	Place of Birth (City and Country): Azerbaijan, SALYAN
Email:-	Mobile Number: (+994) 99 801 90 80
Permanent Address: Gardili village , Salyan district , Aerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -
<b>Person to call in emergency: (+994) 10 311 62 52 Brother</b>	

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<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>
Farhad	Mehtiyev	Male	Brother	+994103116252

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<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>
Kainat Maritime MMC	Azerbaijan	25.04.2024	21.01.2025	Course

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<b>Physical Data</b>	
Height	176
Weight	62
Boilersuit Size	M
Shoes Size	42
Blood group	A(II)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

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

Seaman Book	Azerbaijan	DQK 031460	15.04.2025	Azerbaijan	15.04.2030
Certificate of Competency	Azerbaijan	RP16856	02.04.2025	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C05149710	22.04.2025	Azerbaijan	21.04.2035
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-0312-25	SMPA	21.02.2025	21.02.2030
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0312-25	SMPA	21.02.2025	21.02.2030
ELEMENTARY FIRST AID	Azerbaijan	SO-0312-25	SMPA	21.02.2025	21.02.2030
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0312-25	SMPA	21.02.2025	21.02.2030
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0312-25	SMPA	21.02.2025	21.02.2030
International Safety Management	Azerbaijan	SP-1113-25	SMPA	18.07.2025	15.07.2030
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0307-25	SMPA	27.02.2025	27.02.2030
Security Awareness Training For All Seafarers	Azerbaijan	SI-0265-25	SMPA	07.03.2025	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	UAG-TC-06-DSD-00107	UAG	18.06.2025	07.06.2030

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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 : Native  
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
<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)

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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: 29.07.2025

\_\_\_\_\_  
Signature

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