



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>		<b>identity card PIN Number 5XZBWE2</b>
<b>Position Applied for:</b>	Electro-Technical Officer	
<b>Date Available from:</b>	-	

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: ALI</b>	<b>Last Name: NAGIYEV</b>	
Date of Birth: 03.05.1995	Place of Birth (City and Country): Azerbaijan , GOBUSTAN	
Email: <a href="mailto:ali.nagiyevev.1995@mail.ru">ali.nagiyevev.1995@mail.ru</a>	Mobile Number: (+994) 51 967 81 21 ; (+994) 12 347 72 43	
Permanent Address: Gobustan district, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) 55 697 9931 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>
Elnur	Nagiyevev	Male	Brother	+994 55 697 99 31

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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>
Azerbaijan State Marine Academy	Azerbaijan	2014	2018	Bachelor

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<b>Physical Data</b>	
Height	172
Weight	68
Boilersuit Size	M (M)
Shoes Size	40
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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<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](mailto:crewing@unitedalliancegroup.com) **Tel:** +994 51 277 19 31

Seaman Book	Azerbaijan	DQK 029784	12.09.2024	Azerbaijan	12.09.2029
Certificate of Competency	Azerbaijan	0007536	25.07.2022	Azerbaijan	25.07.2027
Republic of Azerbaijan	Azerbaijan	C02130736	16.08.2018	Azerbaijan	15.08.2028
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	-				

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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-3065-24	SMPA	14.08.2024	13.08.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3065-24	SMPA	14.08.2024	13.08.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-3065-24	SMPA	14.08.2024	13.08.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3065-24	SMPA	14.08.2024	13.08.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3065-24	SMPA	14.08.2024	13.08.2029
International Safety Management	Azerbaijan	SP-2747-24	SMPA	22.08.2024	22.08.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2527-24	SMPA	02.08.2024	31.07.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0337-25	SMPA	17.03.2025	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1069-22	SMPA	03.06.2022	03.06.2027
1000 voltage	Azerbaijan	DM-0177-25	SMPA	01.04.2025	01.04.2030
Leadership & Teamwork	Azerbaijan	DL-0795-22	SMPA	18.05.2022	18.05.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0651-22	SMPA	24.05.2022	24.05.2027
Crowd Management training	Azerbaijan	-	SMPA	-	-
Crisis management and human behaviour training	Azerbaijan	SE-0073-20	SMPA	13.03.2020	13.03.2025
Basic Training and qualifications on oil and chemical tanker cargo operations	Azerbaijan	-	SMPA	-	-
Medical First Aid	Azerbaijan	SN-0398-22	SMPA	22.04.2022	22.04.2027

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

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

[illegible]

- Ship Management
- ISM&ISPS Management
- Ship Agency
- Consultations
- Provision, Ship Supply

Yacht Management  
Technical Management  
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- Sale & Purchasing
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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  
English Language : Middle

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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: 08.07.2025

\_\_\_\_\_  
Signature

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