



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 5UDLHJM
Position Applied for:	Officer in charge of an engineering watch
Date Available from:	-

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Personal Information		Gender: Male
First Name: MAMMADAGHA	Last Name: AGHAYEV	
Date of Birth: 28.06.1994	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: aqayev.m212@gmail.com	Mobile Number: (+994) 997 90 89 90	
Permanent Address: P.Hashimov street, Baku, Azerbaijan	Expected Salary Per Month: 3000\$-4000\$	
Nationality: Azerbaijan	Alternative rank applying for: 4 TH Engineer	
Person to call in emergency: (+994) 77 769 39 62 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Rahib	Aghayev	Male	Father	+994777693962

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
State University of Infrastructure and Technologies	Ukraine	2020	2024	Bachelor

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Physical Data	
Height	177
Weight	110
Boilersuit Size	2XL
Shoes Size	44
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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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 018637		23.10.2021	Azerbaijan		23.10.2026
Certificate of Competency	Azerbaijan	0008516		05.08.2025	Azerbaijan		05.08.2030
Republic of Azerbaijan	Azerbaijan	C03765055		24.11.2022	Azerbaijan		23.11.2032
Seaman Book	Panama	PA0218572		23.03.2022	Panama		03.01.2027
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-2772-21	SMPA	20.10.2021	20.10.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2772-21	SMPA	20.10.2021	20.10.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-2772-21	SMPA	20.10.2021	20.10.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2772-21	SMPA	20.10.2021	20.10.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2772-21	SMPA	20.10.2021	20.10.2026
International Safety Management	Azerbaijan	SP-1881-21	SMPA	19.10.2021	06.10.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1749-21	SMPA	15.10.2021	08.10.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-1236-21	SMPA	18.10.2021	08.09.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0957-21	SMPA	18.10.2021	10.09.2026
Eugenie-room resource management	Azerbaijan	ER-0179-25	SMPA	24.06.2025	20.06.2030
Leadership & Teamwork	Azerbaijan	DL-0251-25	SMPA	24.06.2025	18.06.2030
Advanced Training in Fire Fighting	Azerbaijan	SJ-0369-25	SMPA	13.06.2025	12.06.2030
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0828-23	SMPA	28.09.2023	19.09.2028
Medical First Aid	Azerbaijan	SN-0298-25	SMPA	04.06.2025	Unlimited
1000 Voltage	Azerbaijan	DM-0532-25	SMPA	04.07.2025	03.07.2030

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Seagoing Experience

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

COMPANY	Name of vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
CUNDA SHIPPING LTD	M/V MEGA	Panama	General Cargo Ship	3709	Dvigatel	2979	-	Oiler	26.11.2018	10.04.2019	4 months 14 days	End of Contract
PALMALI SHIPPING LTD	M/V GENERAL SHIKLINSKY	Malta	General Cargo Ship	6064	Yanmar	4109	-	Motorman	26.07.2019	10.09.2020	13 months 15 days	End of Contract
DUY MARINE SHIPPING	M/V NIHAL	Panama	General Cargo Ship	5705	MAK	3790	-	Oiler	01.11.2020	18.02.2021	3 months 17 days	End of Contract
TABA SHIP MANAGEMENT CO LTD	M/V MAX	Liberia	General Cargo Ship	8723	MAK	7932	-	Oiler	16.06.2021	28.09.2021	3 months 12 days	End of Contract
GN GROUP	M/V LADY LEYLA	Panama	General Cargo Ship	11366	B&W	7255	-	Oiler	31.12.2021	31.12.2022	10 months 25 days	End of Contract
GN GROUP	M/V LADY MERAL	Panama	General Cargo Ship	31603	Mitsubishi	19883	-	Able Seafarer Engine	06.12.2023	21.04.2024	4 months 15 days	End of Contract
RENILS NAVIHATION S.A	M/V WINDRAY REEFER	Panama	General Cargo Ship		Akasaka	7367	-	Able Seafarer Engine	22.07.2024	24.12.2024	5 months 2 days	End of Contract
GN GROUP	M/V LADY MERAL	Panama	General Cargo Ship	31603	Mitsubishi	19883	-	Able Seafarer Engine	12.02.2025	08.05.2025	2 months 26 days	End of Contract

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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
 Russian Language : Good
 English Language : Intermediate

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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: 13.08.2025

Signature

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