



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 12Z0BQV
Position Applied for:	Boatswain	
Date Available from:	01.03.2024	

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Personal Information		Gender: Male
First Name: IDRIS	Last Name: SULTANOV	
Date of Birth: 09.10.1966	Place of Birth (City and Country): Azerbaijan, DAVACHI	
Email:-	Mobile Number: (+994) 70 348 32 09	
Permanent Address: Hasanoglu street, Narimanov district, Baku, Azerbaijan	Expected Salary Per Month: 1800\$-2000\$	
Nationality: Azerbaijanian	Alternative rank applying for: -	
Person to call in emergency: (+994) 55 305 57 99 Son		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Ismayil	Soltanov	Male	Son	+994 55 305 57 99

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Maritime College	Azerbaijan	2012	2012	College

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Physical Data	
Height	175
Weight	100
Boilersuit Size	XXL
Shoes Size	43
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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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 026504		23.01.2024	Azerbaijan		23.01.2029
Certificate of Competency	Azerbaijan	RP01841		12.03.2019	Azerbaijan		12.03.2029
Republic of Azerbaijan	Azerbaijan	C02048379		03.03.2018	Azerbaijan		02.03.2028
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-0348-22	UAG	07.02.2022	07.02.2022
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0348-22	UAG	07.02.2022	07.02.2022
ELEMENTARY FIRST AID	Azerbaijan	SO-0348-22	UAG	07.02.2022	07.02.2022
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0348-22	UAG	07.02.2022	07.02.2022
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0348-22	UAG	07.02.2022	07.02.2022
International Safety Management	Azerbaijan	SP-1023-20	UAG	24.10.2020	13.10.2025
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0294-22	UAG	10.02.2022	10.02.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0360-24	UAG	30.01.2024	26.01.2029
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0256-24	UAG	31.01.2024	26.01.2024
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0053-22	UAG	08.02.2022	08.02.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0013-24	UAG	12.01.2024	12.01.2029

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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 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: 20.02.2024

Signature

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