



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1	Position		identity card PIN Number 70RQEHHW
	Position Applied for:	Rating forming part of an engine-room watch	
	Date Available from:	20.03.2024	

2	Personal Information		Gender: Male
	First Name: Elchin	Last Name: Najafov	
	Date of Birth: 05.03.2002	Place of Birth (City and Country): Azerbaijan, ASTARA	
	Email:	Mobile Number: (+994) 50 4628281	
	Permanent Address: Shiyakaran village, Astara district , Azerbaijan	Expected Salary Per Month: 1100\$	
	Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 513445758 Father			

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Elshad	Najafov	Male	Father	+99451 3445758

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	Kaspian Education Center	Azerbaijan	27.09.2022	30.03.2023	Course

5	Physical Data	
	Height	180
	Weight	75
	Boilersuit Size	M
	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.}		

6	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 023705		17.05.2023	Azerbaijan		17.05.2028
Certificate of Competency	Azerbaijan	RP12842		05.05.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03167145		17.12.2022	Azerbaijan		16.12.2032
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				-			

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

License

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

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-1203-23	SMPA	14.03.2023	07.03.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1203-23	SMPA	14.03.2023	07.03.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-1203-23	SMPA	14.03.2023	07.03.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1203-23	SMPA	14.03.2023	07.03.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1203-23	SMPA	14.03.2023	07.03.2028
International Safety Management	Azerbaijan	SP-0893-23	SMPA	16.03.2023	15.03.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1002-23	SMPA	13.03.2023	13.03.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0735-23	SMPA	09.03.2023	09.03.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0692-23	SMPA	17.03.2023	17.03.2028
Electric and gas welder	Azerbaijan	MES-JV/9792	IST SERVICE	03.05.2023	03.05.2026

Seagoing Experience	
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99	100

(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
Ship Brokering
Surveying & Monitoring
New Building & Repair

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

-

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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: 15.03.2024

Signature

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