



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 5MXMRDH
Position Applied for:	Electro-Technical Officer
Date Available from:	-

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Personal Information		Gender: Male
First Name: ALI	Last Name: ZEYNALOV	
Date of Birth: 11.04.1992	Place of Birth (City and Country): Azerbaijan, NEFTCHALA	
Email: zeynaloveli2323@gmail.com	Mobile Number: (+994) 55 394 05 79	
Permanent Address: Neftchala city, Babak street, Home 13	Expected Salary Per Month: 4000\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 55 698 10 55 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Aslanshah	Zeynalov	Male	Father	+994 55 698 10 55

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2010	2014	Bachelor

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Physical Data	
Height	172
Weight	76
Boilersuit Size	L
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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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 019143		19.01.2022	Azerbaijan		19.01.2027
Certificate of Competency	Azerbaijan	0007861		16.06.2023	Azerbaijan		16.06.2028
Republic of Azerbaijan	Azerbaijan	C01120690		18.07.2016	Azerbaijan		17.07.2026
Seaman Book	Azerbaijan	1982538		18.12.2024	Azerbaijan		18.12.2028
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-2805-23	SMPA	20.06.2023	26.05.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2805-23	SMPA	20.06.2023	26.05.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-2805-23	SMPA	20.06.2023	26.05.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2805-23	SMPA	20.06.2023	26.05.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2805-23	SMPA	20.06.2023	26.05.2028
International Safety Management	Azerbaijan	SP-1890-23	SMPA	16.06.2023	09.06.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0291-24	SMPA	02.02.2024	01.02.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-1473-23	SMPA	19.05.2023	19.05.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1333-23	SMPA	06.06.2023	02.06.2028
1000v	Azerbaijan	DM-0249-23	SMPA	13.10.2023	13.10.2028
Leadership & Teamwork	Azerbaijan	DL-0408-23	SMPA	23.05.2023	17.05.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-0590-24	SMPA	31.05.2024	31.05.2029
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0500-23	SMPA	23.06.2023	20.06.2028
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	SB-0309-23	SMPA	20.10.2023	19.10.2028
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan	AS-0126-23	SMPA	01.11.2023	01.11.2028
Medical First Aid	Azerbaijan	SN-0552-24	SMPA	24.05.2024	Unlimited
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0452-24	SMPA	14.06.2024	14.06.2029
Basic Training for Liquefied Gas Tanker Cargo Operations	Ukraine	2/2025/08	ATC	22.09.2025	22.09.2030
Advanced Training for Liquefied Gas Tanker Cargo Operations	Ukraine	5/2025/10	ATC	01.10.2025	01.10.2030

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
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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: 06.10.2025

Signature

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