

**UNITED ALLIANCE GROUP LTD****AZERBAIJAN BRANCH**

APPLICATION FORM

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Position	identity card PIN Number 625FNR8
Position Applied for:	3 RD Officer
Date Available from:	-

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Personal Information		Gender: Male
First Name: JEYHUN	Last Name: SHARIFZADE	
Date of Birth: 30.06.1995	Place of Birth (City and Country): Azerbaijan, LANKARAN	
Email: ceka03.95@mail.ru	Mobile Number: (+994) 50 658 12 99	
Permanent Address: Mirsaliyev street, Lankaran dist ,Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 981 92 66 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Tahir	Sharifov	Male	Father	+994509819266

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat Maritime MMC	Azerbaijan	01.2021	08.2021	Course

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Physical Data	
Height	176
Weight	64
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.}	

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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	Honduras	059643		12.09.2025	Honduras		12.09.2030
Certificate of Competency	Honduras	059643		12.09.2025	Honduras		12.09.2030
Republic of Azerbaijan	Azerbaijan	C01226052		05.06.2016	Azerbaijan		04.06.2026
Seaman Book	Panama	PA0181212		20.04.2022	Panama		09.02.2027
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
ECDIS	Honduras	C-013/CH-03896	HMTC	02.09.2025	-
Minimum Standards of Competence in Safety Familiarization /Basic Training	Honduras	C-001/CH-12301	HMTC	02.09.2025	-
GMDSS	Honduras	C-015/CH-27121	HMTC	02.09.2025	-
Minimum Standards of Competence in Advanced Fire Fighting	Honduras	C-002/CH-10472	HMTC	02.09.2025	-
Minimum Standards of Competence in Medical Care	Honduras	C-003-CH-08921	HMTC	02.09.2025	-
Ship Handling Bridge Simulator	Honduras	C-010/CH-03899	HMTC	02.09.2025	-
Marine Environmental Awareness	Honduras	C-018/CH-08780	HMTC	02.09.2025	-
Leadership & Teamwork /Management Training	Honduras	C-019/CH-03881	HMTC	02.09.2025	-
Radar /Arpa	Honduras	C-017/CH-02397	HMTC	02.09.2025	-
Minimum Standards of Competence in Ship Security Officer	Honduras	C-023/CH-09310	HMTC	02.09.2025	-
Minimum Standards of Competence in Security Awareness and Designated Security Duties	Honduras	C-024/CH-05119	HMTC	02.09.2025	-
Proficiency in Survival Craft and Rescue Boats	Honduras	C-006/CH-08999	HMTC	02.09.2025	-
Upgrading	Honduras	C-032/CH-00857	HMTC	02.09.2025	-

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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: 10.10.2025

Signature

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