



APPLICATION FORM

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Position	identity card PIN Number 5P442KY
Position Applied for:	Rating forming part of engine-room watch
Date Available from:	-

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Personal Information		Gender: Male	
First Name: TURAL	Last Name: NOVRUZOV		
Date of Birth: 09.10.1989	Place of Birth (City and Country): Azerbaijan, JALILABAD		
Email: tural.novruzov1989@bk.ru	Mobile Number: (+994) 51 711 90 11		
Permanent Address: Sabirabad village, Jalilabad district , Azerbaijan	Expected Salary Per Month:-		
Nationality: Azerbaijan	Alternative rank applying for: Fitter		
Person to call in emergency: (+994) 50 472 82 92 Brother			

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Khayal	Novruzov	Male	Brother	+99450 4728292

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

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Physical Data	
Height	178
Weight	88
Boilersuit Size	XL
Shoes Size	42
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 023935		31.05.2023	Azerbaijan		31.05.2028
Certificate of Competency	Azerbaijan	RP12934		17.05.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C01052601		12.08.2015	Azerbaijan		11.08.2025
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 TECHNICS	Azerbaijan	SO-0153-23	SMPA	16.01.2023	11.01.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0153-23	SMPA	16.01.2023	11.01.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-0153-23	SMPA	16.01.2023	11.01.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0153-23	SMPA	16.01.2023	11.01.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0153-23	SMPA	16.01.2023	11.01.2028
International Safety Management	Azerbaijan	SP-0148-23	SMPA	19.01.2023	18.01.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0156-23	SMPA	16.01.2023	16.01.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0107-23	SMPA	17.01.2023	12.01.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0131-23	SMPA	24.01.2028	24.01.2028

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Seagoing Experience	
1. Name of ship	
2. Position	
3. Dates	
4. Duties	
5. Remarks	

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

[illegible]

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11	For Engineers (Please provide details)
Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12	Other Experience
Azerbaijan Language ; Good Turkish Language : Good	

12	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	-

13	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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14	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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15	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.



Signature

Date: 14.11.2024

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