



**UNITED ALLIANCE GROUP LTD**

**AZERBAIJAN BRANCH**



## APPLICATION FORM

**1** **Position** identity card PIN Number 6K2SK3J

|                              |                           |
|------------------------------|---------------------------|
| <b>Position Applied for:</b> | Electro -Technical Rating |
| <b>Date Available from:</b>  | -                         |

**2** **Personal Information** Gender: Male

|  |  |
|--|--|
| <b>First Name: AZAR</b>  | <b>Last Name: ALIYEV</b>                             |
| Date of Birth: 24.01.1997  | Place of Birth (City and Country): Azerbaijan , BAKU |
| Email: azer.aliyev.9797@mail.ru  | Mobile Number: (+994) 51 314 34 42                   |
| Permanent Address: 14, Hostel-31, Ramana settl, Sabunchu district, Baku Azerbaijan | Expected Salary Per Month: 2000\$                    |
| Nationality: Azerbaijanian   | Alternative rank applying for:-                      |
| <b>Person to call in emergency: (+994) 55 246 87 56 Brother</b>                    |  |

**3** **Family Details: (If Unmarried kindly give details of Father / Mother)**

| First Name | Last Name | Gender | Relation | Contact       |
|------------|-----------|--------|----------|---------------|
| Amid       | Aliyev    | Male   | Brother  | 055 246 87 56 |
|            |           |        |          |               |

**4** **Maritime Education**

| Name of school                    | Country    | From | To   | Type of degree or diploma |
|-----------------------------------|------------|------|------|---------------------------|
| Azerbaijan State Maritime College | Azerbaijan | 2014 | 2019 | Sub-Bachelor              |
|                                   |            |      |      |                           |

**5** **Physical Data**

|                 |          |
|-----------------|----------|
| Height          | 177      |
| Weight          | 91       |
| Boilersuit Size | XXXL     |
| 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.}

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

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### Seaman`s Book & Identify Docs

| DOCUMENT | COUNTRY | NUMBER | DATE OF ISSUE | PLACE OF ISSUE | DATE OF EXPIRY |
|----------|---------|--------|---------------|----------------|----------------|
|----------|---------|--------|---------------|----------------|----------------|

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|  |            |            |    |             |            |                |            |
|--|------------|------------|----|-------------|------------|----------------|------------|
| Seaman Book                                      | Azerbaijan | DQK 020864 |    | 28.07.2022  | Azerbaijan |                | 28.07.2027 |
| Certificate of Competency                        | Azerbaijan | RP11548    |    | 20.07.2022  | Azerbaijan |                | -          |
| Republic of Azerbaijan                           | Azerbaijan | C03343806  |    | 16.04.2021  | Azerbaijan |                | 15.04.2031 |
| 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-2857-22      | SMPA            | 24.06.2022  | 22.06.2027     |
| FIRE PREVENTION & FIRE FIGHTING                                 | Azerbaijan     | SO-2857-22      | SMPA            | 24.06.2022  | 22.06.2027     |
| ELEMENTARY FIRST AID  | Azerbaijan     | SO-2857-22      | SMPA            | 24.06.2022  | 22.06.2027     |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY                         | Azerbaijan     | SO-2857-22      | SMPA            | 24.06.2022  | 22.06.2027     |
| SAFETY FAMILIARIZATION TRAINING                                 | Azerbaijan     | SO-2857-22      | SMPA            | 24.06.2022  | 22.06.2027     |
| International Safety Management                                 | Azerbaijan     | SP-1978-22      | SMPA            | 30.06.2022  | 30.06.2027     |
| Proficiency in Survival Craft & Rescue Boats                    | Azerbaijan     | SL-1798-22      | SMPA            | 28.06.2022  | 28.06.2027     |
| Security Awareness Training For All Seafarers                   | Azerbaijan     | SI-1518-22      | SMPA            | 23.06.2022  | 23.06.2027     |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan     | SH-1255-22      | SMPA            | 05.07.2022  | 05.07.2027     |

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| Seagoing Experience |     |
|---------------------|-----|
| 1                   | 2   |
| 3                   | 4   |
| 5                   | 6   |
| 7                   | 8   |
| 9                   | 10  |
| 11                  | 12  |
| 13                  | 14  |
| 15                  | 16  |
| 17                  | 18  |
| 19                  | 20  |
| 21                  | 22  |
| 23                  | 24  |
| 25                  | 26  |
| 27                  | 28  |
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| 77                  | 78  |
| 79                  | 80  |
| 81                  | 82  |
| 83                  | 84  |
| 85                  | 86  |
| 87                  | 88  |
| 89                  | 90  |
| 91                  | 92  |
| 93                  | 94  |
| 95                  | 96  |
| 97                  | 98  |
| 99                  | 100 |

(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 |
| <b>Vaccination</b>                 |        |     |
| 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: 02.04.2024

\_\_\_\_\_  
Signature

\_\_\_\_\_



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