



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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Position	identity card PIN Number 2X7QLSN
Position Applied for:	3 <sup>RD</sup> Engineer
Date Available from:	-

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Personal Information	Gender: Male
First Name: RAMIN	Last Name: ALIYEV
Date of Birth: 24.01.2001	Place of Birth (City and Country): Azerbaijan, ASTARA
Email: <a href="mailto:ramin25rr@gmail.com">ramin25rr@gmail.com</a>	Mobile Number: (+994) 50 354 09 42 /(+7) 9220595123
Permanent Address: Shiyakaran village, Astara district, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 51 649 30 44 Father	

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Samadulla	Aliyev	Male	Father	+994516493044

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat Maritime MMC	Azerbaijan	25.01.2021	09.08.2021	Course

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Physical Data	
Height	170
Weight	70
Boilersuit Size	XL
Shoes Size	41
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](mailto:crewing@unitedalliancegroup.com) Tel: +994 51 277 19 31

Seaman Book	Honduras	059358	27.08.2025	Honduras	27.08.2030
Certificate of Competency	Honduras	059358	27.08.2025	Honduras	27.08.2030
Republic of Azerbaijan	Azerbaijan	C03523028	15.09.2021	Azerbaijan	14.09.2031
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 &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
Seafarers with Designated security duties	Greece	DSD/0925126	IMTC	09.08.2025	08.09.2030
Advanced Training in fire fighting	Greece	AFF/0825493	IMTC	11.08.2025	11.08.2030
Basic Training , Safety Familiarization and instruction for all seafarers	Greece	BST/0825494	IMTC	11.08.2025	11.08.2030
Erm/Etm/Engine Room Simulator	Greece	ERM/ETM/0825495	IMTC	11.08.2025	11.08.2030
Leadership and Teamwork	Greece	L&T/0825496	IMTC	11.08.2025	11.08.2030
Marine Environmental Awareness	Greece	MEA/0825497	IMTC	11.08.2025	11.08.2030
Medical Care	Greece	MC/0825498	IMTC	11.08.2025	11.08.2030
Proficiency in Survival craft & Rescue boats other than F.R.B	Greece	SCRB/0825499	IMTC	11.08.2025	11.08.2030
Ship Security Officer	Greece	SSO/0825500	IMTC	11.08.2025	11.08.2030

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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**

Azerbaijan Language :Native  
Turkish Language : Good

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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: 24.10.2025

\_\_\_\_\_  
Signature

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