



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 50PNZN3
Position Applied for:	Second Engineer
Date Available from:	-

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Personal Information		Gender: Male
First Name: NARIMAN	Last Name: HUSEYNOV	
Date of Birth: 21.05.1991	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: huseynovneriman81@gmail.com	Mobile Number: (+994) 70 253 86 43 / (+994) 51 240 71 40	
Permanent Address: Hovsan settlement, Surakhani dist, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 70 370 18 85 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Mubariz	Huseynov	Male	Father	+994703701885

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan Marine Fishing Industry Technical School	Azerbaijan	2006	2010	Sub-Bachelor

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Physical Data	
Height	178
Weight	75
Boilersuit Size	42(L)
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 Cemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

Seaman Book	Azerbaijan	DQK 019297	10.02.2022	Azerbaijan	10.02.2027
Certificate of Competency	Azerbaijan	0005997	16.12.2022	Azerbaijan	13.10.2027
Republic of Azerbaijan	Azerbaijan	C05329613	11.08.2025	Azerbaijan	10.08.2035
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-4831-22	SMPA	24.10.2022	24.10.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4831-22	SMPA	24.10.2022	24.10.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-4831-22	SMPA	24.10.2022	24.10.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4831-22	SMPA	24.10.2022	24.10.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4831-22	SMPA	24.10.2022	24.10.2027
International Safety Management	Azerbaijan	SP-2250-22	SMPA	25.07.2022	25.07.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2167-22	SMPA	29.07.2022	29.07.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-2997-23	SMPA	23.08.2023	21.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0273-23	SMPA	03.02.2023	03.02.2028
Updating	Azerbaijan	XS-1271-22	SMPA	18.10.2022	13.10.2027
Leadership & Teamwork	Azerbaijan	DL-1351-22	SMPA	25.08.2022	25.08.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0202-23	SMPA	15.02.2023	10.02.2028
Eugenie-room resource management	Azerbaijan	ER-0428-22	SMPA	08.07.2022	08.07.2027
Medical First Aid	Azerbaijan	SN-0279-23	SMPA	20.02.2023	16.02.2028
1000 Voltage	Azerbaijan	DM-0201-23	SMPA	09.08.2023	09.08.2028
Proficiency in Fast Rescue Boats	Azerbaijan	SU-0147-23	SMPA	11.04.2023	11.04.2028

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Seagoing Experience

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

COMPANY	Name of vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
ASCO	M/V G.A.SHIKHLINISKY	Azerbaijan	Crane Ship	3343	Wartsila	19813	-	Second Engineer	16.09.2018	15.12.2018	3 months	End of Contract
ASCO	M/V ZIRA	Azerbaijan	Offshore /Supply Ship	1394	Wartsila	1585		Second Engineer	16.12.2018	15.01.2019	1 month	End of Contract
ASCO	M/V G.A.SHIKHLINISKY	Azerbaijan	Crane Ship	3343	Wartsila	19813	-	Second Engineer	16.01.2019	15.06.2020	1 years 5 months	End of Contract
ASCO	M/V OM	Azerbaijan	Offshore /Supply Ship	1394	Wartsila	1585		Second Engineer	16.06.2020	15.07.2020	29 days	End of Contract
ASCO	M/V YARENGA	Azerbaijan	Offshore /Supply Ship	1805	Niigata	1763		Second Engineer	16.07.2020	20.08.2020	1 month 4 days	End of Contract
ASCO	M/V G.A.SHIKHLINISKY	Azerbaijan	Crane Ship	3343	Wartsila	19813	-	Second Engineer	21.08.2020	-	-	-
VI-ZA STAR LTD	M/V FENER	St Kitts & Nevis	General Cargo Ship	4515	Diesel	3952	-	Second Engineer	29.08.2025	07.11.2025	2 months 9 days	End of Contract

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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 : Azerbaijan
 Russian Language : Intermediate
 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
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: 07.11.2025

Signature

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