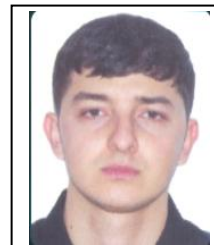




UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 7LN8PEQ
Position Applied for:	Officer in charge of a navigational watch
Date Available from:	-

2

Personal Information		Gender: Male
First Name: NURLAN	Last Name: ABDULLAYEV	
Date of Birth: 18.02.2002	Place of Birth (City and Country): Azerbaijan, NEFTCHALA	
Email: nurlanabdullayev735@gmail.com	Mobile Number: (+994) 70 996 41 11	
Permanent Address: Neftchala district, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 443 41 11 Father		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Elshan	Abdullayev	Male	Father	+994504434111

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2019	2023	Bachelor

5

Physical Data	
Height	185
Weight	80
Boilersuit Size	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.}	

6

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 030913	04.02.2025	Azerbaijan	04.02.2030
Certificate of Competency	Azerbaijan	0008568	06.11.2025	Azerbaijan	06.11.2030
Republic of Azerbaijan	Azerbaijan	C05062345	13.09.2024	Azerbaijan	12.09.2034
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			-		

7

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8

License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-1206-21	SMPA	17.06.2021	31.05.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1206-21	SMPA	17.06.2021	31.05.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-1206-21	SMPA	17.06.2021	31.05.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1206-21	SMPA	17.06.2021	31.05.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1206-21	SMPA	17.06.2021	31.05.2026
International Safety Management	Azerbaijan	SP-0873-21	SMPA	25.06.2021	02.06.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2607-24	SMPA	09.08.2024	09.08.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0480-21	SMPA	18.06.2021	04.06.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2514-24	SMPA	13.08.2024	Unlimited
Dangerous , hazardous and armful cargoes	Azerbaijan	SK-1227-25	SMPA	19.09.2025	17.09.2030
Leadership & Teamwork	Azerbaijan	SJ-0597-25	SMPA	19.09.2025	12.09.2030
Advanced Training in Fire Fighting	Azerbaijan	DL-0431-25	SMPA	01.10.2025	26.09.2030
Medical First Aid	Azerbaijan	SN-0545-25	SMPA	24.09.2025	Unlimited
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0047-23	SMPA	31.01.2023	14.06.2027
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SR-0084-23	SMPA	17.02.2023	19.01.2028
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0167-23	SMPA	01.03.2023	12.01.2028
Bridge Resource Management	Azerbaijan	SW-0348-25	SMPA	15.10.2025	10.10.2030

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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 : Native Turkish Language : Good	

12	Travel Documents																			
<table border="1"> <thead> <tr> <th>Name</th> <th>YES/NO</th> <th>Country</th> <th>Date pf Expire</th> </tr> </thead> <tbody> <tr> <td>Schengen</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>US</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>China</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>Australia</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> </tbody> </table>	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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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)	Uniklinika (05.08.2024-05.08.2026)	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)

--

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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16

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.	-	-

17

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: 18.11.2025

Signature

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