



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 6ADJ37E
Position Applied for:	Rating forming part of a navigational Watch
Date Available from:	-

2

Personal Information		Gender: Male
First Name: MURAD	Last Name: MURADOV	
Date of Birth: 06.01.1998	Place of Birth (City and Country): Azerbaijan, KHACHMAZ	
Email: muradmuradov887@gmail.com	Mobile Number: (+994) 55 251 57 90	
Permanent Address: Khachmaz district, Farzalioba village, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: Fitter	
Person to call in emergency: (+994) 70 673 69 49 Father		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Shixzaman	Muradov	Male	Father	+994 70 673 69 49

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat Maritime MMC	Azerbaijan	01.11.2019	21.05.2020	Course
Buta Construction Education Center	Azerbaijan	03.09.2023	03.12.2023	Welding Course

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Physical Data	
Height	180
Weight	74
Boilersuit Size	L
Shoes Size	43
Blood group	B(III)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
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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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 031173		06.03.2025	Azerbaijan		06.03.2030
Certificate of Competency	Azerbaijan	RP10310		02.12.2021	Azerbaijan		-
Republic of St Kitts	St Kitts and Nevis Island	SKN09035613		16.02.2023	St Kitts and Nevis Island		06.02.2028
Republic of Azerbaijan	Azerbaijan	C02911820		12.04.2021	Azerbaijan		11.04.2031
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
-	-	-

8

License

Name	Issuing Country	Place Issued	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-1545-25	SMPA	03.10.2025	03.10.2030
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1545-25	SMPA	03.10.2025	03.10.2030
ELEMENTARY FIRST AID	Azerbaijan	SO-1545-25	SMPA	03.10.2025	03.10.2030
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1545-25	SMPA	03.10.2025	03.10.2030
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1545-25	SMPA	03.10.2025	03.10.2030
International Safety Management	Azerbaijan	SP-1634-25	SMPA	03.10.2025	03.10.2030
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1620-25	SMPA	17.10.2025	17.10.2030
Security Awareness Training For All Seafarers	Azerbaijan	-	SMPA	-	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	-	SMPA	-	-
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0001-24	SMPA	10.01.2024	10.01.2029
Dangerous , hazardous and harmful cargoes	Azerbaijan	SK-1410-25	SMPA	22.10.2025	22.10.2030

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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 Russian Language : A1	

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	-																	
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China	YES/NO	NO	-																	
Australia	YES/NO	NO	-																	

13	Insurance, Health Related Documentation		
Medical Certificate (Fit for Duty)	MEDILUKS(27.11.2025-2711.2027)	YES/NO	YES
Vaccination			
Yellow Fever		YES/NO	YES
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.Pasific Shipping	2.-
Name of person to contact	Levent Gul	-
Address	-	-
☎ No.	+905330437038	-

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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: 03.12.2025

Signature

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