



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 5X3KNLY
Position Applied for:	Electro-Technical Rating
Date Available from:	-

2

Personal Information	Gender: Male
First Name: SHAHVALAD	Last Name: QIYASOV
Date of Birth: 01.01.1995	Place of Birth (City and Country): Azerbaijan, GAZAKH
Email: sahveled1995@gmail.com	Mobile Number: (+994) 55 559 83 18
Permanent Address: Baku city, Nizami district, Nesimi street 19/48 , Home 28	Expected Salary Per Month: 3000\$
Nationality: Azerbaijanian	Alternative rank applying for: -
Person to call in emergency: (+994) 514 11 67 Father	

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Muxtar	Qiyasov	Male	Father	+994555141167

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2012	2016	Bachelor
Azerbaijan State Marine Academy	Azerbaijan	2018	2020	Master

5

Physical Data	
Height	166
Weight	73
Boilersuit Size	L
Shoes Size	42
Blood group	AB(IV)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
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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 020882	30.07.2022	Azerbaijan	30.07.2027
Certificate of Competency	Azerbaijan	RP11520	13.07.2022	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C04010423	14.02.2024	Azerbaijan	13.02.2034
Seaman Book Flag State	Panama	PA040505161	05.05.2023	Panama	10.09.2027
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-2537-22	UAG	07.06.2022	07.06.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2537-22	UAG	07.06.2022	07.06.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-2537-22	UAG	07.06.2022	07.06.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2537-22	UAG	07.06.2022	07.06.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2537-22	UAG	07.06.2022	07.06.2027
International Safety Management	Azerbaijan	SP-1700-22	UAG	10.06.2022	10.06.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1556-22	UAG	14.06.2022	14.06.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1369-22	UAG	09.06.2022	08.06.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1114-22	UAG	17.06.2022	17.06.2027

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

[illegible]

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11

For Engineers (Please provide details)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12

Other Experience

-

12

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	-

13

Insurance ,Health Related Documentation

Medical Certificate (Fit for Duty)	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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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: 04.12.2025

Signature

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