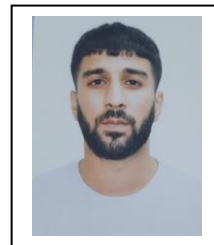




UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position		identity card PIN Number 5PUWQXA	
Position Applied for:		Rating forming part of an engine-room watch	
Date Available from:		12.20.2023	

2

Personal Information		Gender: Male	
First Name: Ilkin		Last Name: Babayev	
Date of Birth: 11.12.1996		Place of Birth (City and Country): Azerbaijan, NEFTCHALA	
Email:		Mobile Number: (+994) 55 508 48 49	
Permanent Address: Nefcala d, Bake v		Expected Salary Per Month: 900\$	
Nationality: Azerbaijan		Alternative rank applying for: Rating forming part of an engine- room watch	
Person to call in emergency: (+994) 77 510 04 50 Mother			

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Ramil	Meherremov	Male	Cousin	070 646 10 56

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
IST Service	Azerbaijan	01.2023	07.2023	Course

5

Physical Data	
Height	172
Weight	65
Boilersuit Size	M
Shoes Size	39
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

Seamens 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 025356		10.10.2023	Azerbaijan		10.10.2028
Certificate of Competency	Azerbaijan	RP13646		26.09.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C01540447		16.01.2018	Azerbaijan		15.01.2028
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

Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA, BAKU	26.09.2023
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO- 1380-23	UAG	27.03.2023	15.03.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO- 1380-23	UAG	27.03.2023	15.03.2028
ELEMENTARY FIRST AID	Azerbaijan	SO- 1380-23	UAG	27.03.2023	15.03.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO- 1380-23	UAG	27.03.2023	15.03.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO- 1380-23	UAG	27.03.2023	15.03.2028
International Safety Managment	Azerbaijan	SP-3655-23	UAG	20.11.2023	13.11.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4099-23	UAG	20.11.2023	16.11.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0849-23	UAG	16.03.2023	16.03.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3167-23	UAG	06.12.2023	24.11.2028

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

[illegible]

- Ship Management
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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	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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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)

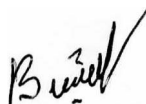
Name of company	1.-	2.
Name of person to contact	-	
Address	-	
☎ No.	-	

17

Declaration

I hereby declare that the above particulars are true and authorise you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with my signature.



Signature

Date: 12.14.2023

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