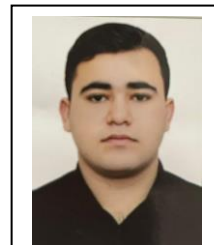




UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1 Position identity card PIN Number

Position Applied for: Able Seafarer Deck

Date Available from: 01.02.2024

2 Personal Information Gender: Male

First Name: ILYAS

Last Name: YUSIFLI

Date of Birth: 24.03.2003

Place of Birth (City and Country): Azerbaijan, XIRDALAN

Email: Xirdalanli173@gmail.com

Mobile Number: (+994) 77 717 31 73

Permanent Address: Absheron d, Khirdalan c, Mirqasimov street 26a

Expected Salary Per Month: 700\$

Nationality: Azerbaijan

Alternative rank applying for: Able Seafarer Deck

Person to call in emergency: (+994) 50 39896 39 Mother

3 Family Details: (If Unmarried kindly give details of Father / Mother)

First Name	Last Name	Gender	Relation	Contact
Elnure	Yusifov	Female	Mother	050 39896 39

4 Maritime Education

Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Maritime College	Azerbaijan	2020	2023	Sub-Bachelor

5 Physical Data

Height	175
Weight	105
Boilersuit Size	XXL
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.}	

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

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Seaman Book	Azerbaijan	-	-	Azerbaijan	-
Certificate of Competency	Azerbaijan	RP140099	13.12.2023	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C03110875	07.12.2019	Azerbaijan	07.12.2024
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	13.12.2023
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-0254-23	UAG	23.01.2023	19.01.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0254-23	UAG	23.01.2023	19.01.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-0254-23	UAG	23.01.2023	19.01.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0254-23	UAG	23.01.2023	19.01.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0254-23	UAG	23.01.2023	19.01.2028
International Safety Management	Azerbaijan	SP-0184-23	UAG	24.01.2023	24.01.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3905-23	UAG	20.10.2023	19.10.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0209-23	UAG	23.01.2023	23.01.2028

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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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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.

Date: 10.01.2024

Signature

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