



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 6J7R6PU
Position Applied for:	Electro Technical Rating
Date Available from:	01.02.2024

2

Personal Information	Gender: Male
First Name: MIRMUHAMMAD	Last Name: SADGLI
Date of Birth: 24.11.1998	Place of Birth (City and Country): Azerbaijan, SALYAN
Email: mirmuhammed.sadiqli@outlook.com	Mobile Number: (+994) 70 206 76 56; 055 971 82 88
Permanent Address: Yasamal d, H.B Zardabi 31 66	Expected Salary Per Month: 1200\$
Nationality: Azerbaijan	Alternative rank applying for: Electro Technical Rating
Person to call in emergency: (+994) 50 518 66 64 Father	

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Elmir	Sadigov	Male	Father	050 518 66 64

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan Maritime College	Azerbaijan	2016	2019	Sub- bachelor

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Physical Data	
Height	178
Weight	66
Boilersuit Size	M
Shoes Size	42
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 020869		29.07.2022	Azerbaijan		29.07.2027
Certificate of Competency	Azerbaijan	RP11533		19.07.2022	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02733769		05.11.2019	Azerbaijan		04.11.2029
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
-	-	-

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Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA,BAKU	19.07.2022
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-2443-22	UAG	31.05.2022	31.05.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2443-22	UAG	31.05.2022	31.05.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-2443-22	UAG	31.05.2022	31.05.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2443-22	UAG	31.05.2022	31.05.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2443-22	UAG	31.05.2022	31.05.2027
International Safety Management	Azerbaijan	SP-1794-22	UAG	17.06.2022	17.06.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1571-22	UAG	14.06.2022	14.06.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1336-22	UAG	02.06.2022	02.06.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1145-22	UAG	23.06.2022	22.06.2027

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[illegible]

- Sale & Purchasing
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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.	-	

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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: 12.01.2024

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