



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 4FWV8DS
Position Applied for:	Able Seafarer Engine
Date Available from:	01.03.2024

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Personal Information		Gender: Male
First Name: EMIN	Last Name: ESEDLI	
Date of Birth: 25.05.1986	Place of Birth (City and Country): Azerbaijan, NEFTHCALA	
Email: eminmahmud938@gmail.com	Mobile Number: (+994) 55 410 52 81	
Permanent Address: Nefthcala district, S. Bayramov street, Home 96 A	Expected Salary Per Month: 1200\$	
Nationality: Azerbaijan	Alternative rank applying for: Able Seafarer Engine	
Person to call in emergency: (+994) 51 514 68 47 Brother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Kamal	Esedli	Male	Brother	051 514 68 47

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat MMC	Azerbaijan	01.10.2009	08.04.2010	Course

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Physical Data	
Height	168
Weight	75
Boilersuit Size	XXL
Shoes Size	40
Blood group	O(I)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					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 022469	07.01.2023	Azerbaijan	17.01.2028

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

Republic of Azerbaijan	Azerbaijan	03181263		07.12.2020	Azerbaijan		06.12.2030
Certificate of Competency	Azerbaijan	RP03741		25.02.2020	Azerbaijan		25.02.2030
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	25.02.2030
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-3210-19	UAG	26.12.2019	25.12.2024
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3210-19	UAG	26.12.2019	25.12.2024
ELEMENTARY FIRST AID	Azerbaijan	SO-3210-19	UAG	26.12.2019	25.12.2024
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3210-19	UAG	26.12.2019	25.12.2024
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3210-19	UAG	26.12.2019	25.12.2024
International Safety Management	Azerbaijan		UAG		
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0058-20	UAG	24.01.2020	24.01.2025
Security Awareness Training For All Seafarers	Azerbaijan	SI-2702-23	UAG	23.08.2023	21.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan		UAG		
Crowd Management Training	Azerbaijan	SC-0085-19	UAG	21.05.2019	21.05.2024
Leadership & Teamwork	Azerbaijan		UAG		

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

[illegible]

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For Engineers (Please provide details)

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

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Other Experience

-

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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	-

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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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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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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. CMS	2.
Name of person to contact	Cherkezov Yasin	
Address	-	
☎ No.	+994 51 788 46 05	

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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.

Date: 15.01.2024

Signature

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