



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 6FGGM1J
Position Applied for:	Able Seafarer Engine
Date Available from:	

2

Personal Information		Gender: Male
First Name: MAHAMMAD	Last Name: SADIGZADA	
Date of Birth: 26.06.1997	Place of Birth (City and Country): Azerbaijan, ASTARA	
Email:	Mobile Number: (+994) 51 930 83 10	
Permanent Address: Astara district	Expected Salary Per Month: 1300\$	
Nationality: Azerbaijan	Alternative rank applying for: Able Seafarer Engine	
Person to call in emergency: (+994) 51 508 21 31 Mother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Kemale	Sadigova	Female	Mother	0515082131

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat MMC	Azerbaijan	03.2018	09.2018	Course

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Physical Data	
Height	180
Weight	87
Boilersuit Size	XXL
Shoes Size	43
Blood group	A(II)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 022668	09.02.2023	Azerbaijan	09.02.2028
Republic of Azerbaijan	Azerbaijan	C1646814	17.02.2017	Azerbaijan	16.02.2027
Republic of Panama	Panama	PA0286460	25.08.2022	Panama City	16.08.2027
Certificate of Competency	Azerbaijan	RP08779	23.01.2019	Azerbaijan	23.01.2029
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	23.01.2029
Flag State Endorsements	Panama	Panama City	16.08.2027

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STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-0237-23	UAG	23.01.2023	23.01.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0237-23	UAG	23.01.2023	23.01.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-0237-23	UAG	23.01.2023	23.01.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0237-23	UAG	23.01.2023	23.01.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0237-23	UAG	23.01.2023	23.01.2028
International Safety Management	Azerbaijan	SP-0003-23	UAG	10.01.2023	10.01.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0221-23	UAG	24.01.2023	24.01.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0121-23	UAG	17.01.2023	13.01.2028

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

12	Other Experience
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12	Travel Documents
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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
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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)

14	Medical history
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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)

15	General
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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.

Date: 16.01.2024

Signature

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