



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 0XK9U5D
Position Applied for:	Boatswain	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: UMUDVAR	Last Name: SALIMOV	
Date of Birth: 09.04.1963	Place of Birth (City and Country): Azerbaijan, NEFTCHALA	
Email:-	Mobile Number: (+994) 50 362 93 35	
Permanent Adress: Baku city, Nizami district, B.Nuriyev street, Home 81a	Expected Salary Per Month: 2400\$	
Nationality: Azerbaijan	Alternative rank applying for: Donkerman	
Person to call in emergency: (+994) 50 537 41 76 Son		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Orkhan	Salimov	Male	Son	050 537 41 76

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
-	-	-	-	-

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Physical Data	
Height	162
Weight	78
Boilersuit Size	L
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.}	

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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

Seaman Book	Azerbaijan	DQK 017029		03.02.2021	Azerbaijan		03.02.2026
Certificate of Competency	Azerbaijan	RP03182		11.03.2019	Azerbaijan		11.03.2029
Republic of Azerbaijan	Azerbaijan	C02228124		01.03.2019	Azerbaijan		28.02.2029
Republic of Liberia	Liberia	1592068		15.04.2021	Liberia		15.04.2026
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)	-	-	-
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-1632-20	UAG	08.12.2020	30.11.2025
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1632-20	UAG	08.12.2020	30.11.2025
ELEMENTARY FIRST AID	Azerbaijan	SO-1632-20	UAG	08.12.2020	30.11.2025
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1632-20	UAG	08.12.2020	30.11.2025
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1632-20	UAG	08.12.2020	30.11.2025
International Safety Management	Azerbaijan	SP-1189-20	UAG	02.12.2020	24.11.2025
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0174-22	UAG	25.01.2022	18.01.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0830-20	UAG	28.11.2020	13.11.2025
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0774-20	UAG	01.12.2020	12.11.2025
Medical First Aid	Azerbaijan	SN-1635-23	UAG	07.11.2023	04.11.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0207-22	UAG	27.04.2022	07.04.2027
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0221-22	UAG	21.04.2022	21.04.2027

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
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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.-	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: 02.02.2024

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