



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 65SWJ8F
Position Applied for:	Rating forming Part of a Navigational Watch	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: ISBANDIYAR	Last Name: ASADOV	
Date of Birth: 18.05.1996	Place of Birth (City and Country): Azerbaijan, GORANBOY	
Email: isbendiyaresedov@gmail.com	Mobile Number: (+994) 77 303 24 23	
Permanent Address: Baku city, Nasimi district	Expected Salary Per Month: 1300\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 77 337 37 17 Brother -in -Law		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Murad	Haydarli	Male	Brother-in-law	077 337 37 17

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat Maritime MMC	Azerbaijan	12.2018	06.2019	Course

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Physical Data	
Height	168
Weight	70
Boilersuit Size	M
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 013918		04.042019	Azerbaijan		04.04.2024
Certificate of Competency	Azerbaijan	RP09725		05.08.2019	Azerbaijan		05.08.2024
Republic of Azerbaijan	Azerbaijan	C02095598		21.09.2018	Azerbaijan		20.09.2028
Republic of Panama	Panama	PA0096804		22.09.2021	Panama City		09.08.2026
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-1829-19	UAG	14.07.2019	14.07.2024
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1829-19	UAG	14.07.2019	14.07.2024
ELEMENTARY FIRST AID	Azerbaijan	SO-1829-19	UAG	14.07.2019	14.07.2024
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1829-19	UAG	14.07.2019	14.07.2024
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1829-19	UAG	14.07.2019	14.07.2024
International Safety Management	Azerbaijan	SP-1079-19	UAG	16.07.2019	16.07.2024
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0892-19	UAG	14.07.2019	14.07.2024
Security Awareness Training For All Seafarers	Azerbaijan	SI-1846-19	UAG	08.07.2019	08.07.2024
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0704-20	UAG	10.11.2020	10.11.2025

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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.-	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: 06.02.2024

Signature

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