



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 7CMDDF2
Position Applied for:	Able Seafarer Deck	
Date Available from:	12.02.2024	

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Personal Information		Gender: Male
First Name: CAFARAGHA	Last Name: IMANOV	
Date of Birth: 18.10.1998	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: djafa.imanov8@gmail.com	Mobile Number: (+994) 99 809 13 23	
Permanent Address: Baku city, Nariman Narimanov district, Hasanoghlu street 12A	Expected Salary Per Month: 1350\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 788 78 73 Brother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Mahir	Imanov	Male	Brother	050 788 78 73

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat Maritime MMC	Azerbaijan	04.2019	10.2019	Course

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Physical Data	
Height	192
Weight	93
Boilersuit Size	XXXL
Shoes Size	45
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

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 015254		18.10.2019	Azerbaijan		18.10.2024
Certificate of Competency	Azerbaijan	RP09822		18.10.2019	Azerbaijan		18.10.2029
Republic of Azerbaijan	Azerbaijan	C03180586		15.12.2020	Azerbaijan		14.12.2030
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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License

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-2473-19	UAG	11.10.2019	11.10.2024
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2473-19	UAG	11.10.2019	11.10.2024
ELEMENTARY FIRST AID	Azerbaijan	SO-2473-19	UAG	11.10.2019	11.10.2024
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2473-19	UAG	11.10.2019	11.10.2024
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2473-19	UAG	11.10.2019	11.10.2024
International Safety Management	Azerbaijan	SP-0982-21	UAG	25.06.2021	24.06.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1242-19	UAG	14.10.2019	14.10.2024
Security Awareness Training For All Seafarers	Azerbaijan	SI-2270-19	UAG	03.10.2019	03.10.2024
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0453-21	UAG	11.06.2021	09.06.2026

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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. Met Marine Shipping	2.-
Name of person to contact	Kemal Bey(Boatswain)	-
Address	-	-
☎ No.	+ 90 546 948 80 02	-

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Declaration

I hereby declare that the above particulars are true and authorize you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with my signature.



Signature

Date: 08.02.2024

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