



**UNITED ALLIANCE GROUP LTD**

**AZERBAIJAN BRANCH**



## APPLICATION FORM

1	<b>Position</b> identity card PIN Number 6FGGM1J				
	<b>Position Applied for:</b>				Able Seafarer Engine
	<b>Date Available from:</b>				-

  

2	<b>Personal Information</b> Gender: Male				
	<b>First Name: MAHAMMAD</b>		<b>Last Name: SADIGZADA</b>		
	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				

  

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

  

4	<b>Maritime Education</b>				
	<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
	Kainat MMC	Azerbaijan	03.2018	09.2018	Course

  

5	<b>Physical Data</b>	
	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.}	

  

6	<b>Seaman`s Book &amp; Identify Docs</b>
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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)	-	-	-
Flag State Endorsements	-	-	-

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## STCW Certificates &amp; 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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10	Seagoing Experience
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**11 For Engineers (Please provide details)**

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

**12 Other Experience**

-

**12 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	-

**13 Insurance,Health Related Documentation**

Medical Certificate (Fit for Duty)	YES/NO	YES
<b>Vaccination</b>		
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**

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**

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

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 Signature

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