



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1	Position identity card PIN Number 7CYV93D				
	Position Applied for:			Rating Forming part of a Navigational Watch	
	Date Available from:			-	

2	Personal Information				Gender: Male
	First Name: GURBAN		Last Name: IBRAHIMLI		
	Date of Birth: 06.03.2001		Place of Birth (City and Country): Azerbaijan, MASALLI		
	Email:-		Mobile Number: (+994) 501 934 64 72; +7 952 581 97 12; 010 811 79 23		
	Permanent Adress: Masalli district		Expected Salary Per Month: 1200\$		
	Nationality: Azerbaijan		Alternative rank applying for: -		
	Person to call in emergency: (+994) 50 378 69 71 Brother				

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Shekur	Ibrahimov	Male	Brother	0503786971

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	Kainat MMC	Azerbaijan	09.2022	03.2023	Course

5	Physical Data	
	Height	179
	Weight	100
	Boilersuit Size	XL
	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	Seaman`s Book & Identify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE

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 023542	05.05.2023	Azerbaijan	05.05.2028
Certificate of Competency	Azerbaijan	RP12785	26.04.2023	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C03323124	18.03.2023	Azerbaijan	17.03.2033
Republic of Panama	Panama	PA0484749	19.09.2023	Panama City	14.06.2028
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-1330-23	UAG	27.03.2023	27.03.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1330-23	UAG	27.03.2023	27.03.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-1330-23	UAG	27.03.2023	27.03.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1330-23	UAG	27.03.2023	27.03.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1330-23	UAG	27.03.2023	27.03.2028
International Safety Management	Azerbaijan	SP-0961-23	UAG	29.03.2023	29.03.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1073-23	UAG	28.03.2023	28.03.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0819-23	UAG	16.03.2023	16.03.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0808-23	UAG	31.03.2023	30.03.2028

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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: 29.01.2024

Signature

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