



APPLICATION FORM

| 1 | Position | identity card PIN Number 243WV6 |
|---|-----------------------|---|
| | Position Applied for: | Officer in charge of an Engineering Watch |
| | Date Available from: | - |

| First Name: ALASGAR | Last Name: ASGAROV |
|--|---|
| Date of Birth: 21.04.1982 | Place of Birth (City and Country): Azerbaijan , JALILABAD |
| Email: elesger3232@gmail.com | Mobile Number: (+994) 55 742 32 32 |
| Permanent Address:09, F.Ahmaadov street, | Expected Salary Per Month: |
| Jalilabad district, Azerbaijan | 2500\$-3000\$ |
| Nationality: Azerbaijan | Alternative rank applying for: |
| | Chief Engineer |

| 3 | Family Details: (If Unmarri | ed kindly give details of Fa | ather / Mother) | | |
|---|-----------------------------|------------------------------|-----------------|----------|-------------------|
| | First Name | Last Name | Gender | Relation | Contact |
| | Firangiz | Asgarova | Female | Mother | +994 55 587 23 47 |
| | | | | | |

| 4 | Maritime Education | | | | |
|---|--------------------|---------|------|------|---------------------------|
| | Name of school | Country | From | То | Type of degree or diploma |
| | KSMA | Ukraine | 2013 | 2017 | Bachelor |
| | | | | | |

| 184 |
|----------|
| 85 |
| XXL |
| 43 |
| A(II)RH+ |
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Seaman's Book & Identify Docs

| DOCUMENT | COUNTRY | NUMBER | DATE OF ISSUE | PLACE OF ISSUE | DATE OF EXPIRY |
|-------------|------------|------------|---------------|----------------|-------------------|
| Seaman Book | Azerbaijan | DQK 024271 | 04.07.2023 | Azerbaijan | 04.07.2028 |

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

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Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

Sale & Purchasing Ship Agency **Exclusive Cargo Brokering Bunker Supply** Technical Services

| Certificate of Competency | Azerbaijan | 000 | 04593 | 28.08.2023 | Azerba | aijan | 28.08.2028 |
|---------------------------|---------------------|-----------|--------|-------------|--------|--------|------------|
| Certificate of Competency | Azerbaijan | 000 |)4593 | 04.02.2022 | Azerba | aijan | 17.12.2026 |
| Republic of Azerbaijan | Azerbaijan | C03 | 309602 | 02.02.2024 | Azerba | aijan | 01.02.2034 |
| Do you hold a US Vis | a 'C1/D'? | YES/NO | NO | Issue Date: | - | Expiry | Date: - |
| Do you hold a US Vis | a 'B1/B2'? | YES/NO | NO | Issue Date: | - | Expiry | Date:- |
| Have you been reject | ed for any visa app | lied for? | | YES/NO | NO | | |
| If YES, please state the | ne country and reas | sons | | - | | | |

Professional Test

| Professional Test Date | Name of Test | Score |
|------------------------|--------------|-------|
| - | - | - |
| | | |
| | | |

License

| Name | Issuing Country | Certificate Number | Valid Until |
|---|-----------------|--------------------|-------------|
| National endorsement of certificate of competency (if issued) | - | - | - |
| Flag State Endorsements | - | - | - |

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| Courses | Issued Country | Certificate No. | Training Center | Date Issued | Date Of Expiry |
|---|----------------|-----------------|--------------------|-------------|-------------------|
| PERSONAL SURVIVAL TECHNICS | Azerbaijan | SO-2247-23 | SMPA | 18.05.2023 | 08.05.202 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-2247-23 | SMPA | 18.05.2023 | 08.05.202 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-2247-23 | SMPA | 18.05.2023 | 08.05.202 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-2247-23 | SMPA | 18.05.2023 | 08.05.202 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-2247-23 | SMPA | 18.05.2023 | 08.05.202 |
| International Safety Management | Azerbaijan | SP-0232-23 | SMPA | 24.01.2023 | 12.01.202 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-0167-24 | SMPA | 19.01.2024 | 18.01.202 |
| Proficiency in Fast Rescue Boats | Azerbaijan | SU-0104-23 | SMPA | 10.03.2023 | 10.03.202 |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-0090-23 | SMPA | 18.01.2023 | 18.01.202 |
| Updating | Azerbaijan | XS-0010-22 | SMPA | 05.01.2022 | 17.12.202 |
| Leadership & Teamwork | Azerbaijan | DL-0417-23 | SMPA | 23.05.2023 | 17.05.202 |
| Advanced Training in Fire Fighting | Azerbaijan | SJ-0053-24 | SMPA | 18.01.2024 | 12.01.202 |
| Crisis management and human behaviour training | Azerbaijan | SE-0052-23 | SMPA | 07.04.2023 | 07.04.202 |
| Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2) | Azerbaijan | ER-0146-23 | SMPA | 26.05.2023 | 26.05.202 |
| Medical First Aid | Azerbaijan | SN-1488-23 | SMPA | 29.09.2023 | 29.09.20 |

Seagoing Experience

(Please give a full record starting with the last vessel on which you served)

| COMPANY | Name of vessel | Flag | Vessel's Type | DWT | Eng Type | GRT | TEU | Rank | From m/d/y | To m/d/y | Total m/d | REASONS FOR S/OFF |
|---------|--------------------------|----------------|--------------------|-----|-------------|-----|----------------|-----------------|---------------|-------------|--------------|----------------------|
| XDND | M/V ZOHRAB VALIYEV | Azerbaija n | Research Vessel | 313 | MAN | 775 | | Second Engineer | - | - | - | End of Contract |
| XDND | M/V HOVSAN 5 | Azerbaija n | Tug | 57 | 16 P | 180 | | Second Engineer | - | - | - | End of Contract |
| XDND | M/V MPK 474 | Azerbaija n | Passenge r Ship | 40 | Wartsilla | 453 | - | Second Engineer | - | - | - | End of Contract |
| XDND | M/V MAMMAD SULEYMANOV | Azerbaija n | Research Vessel | 189 | MAN | 488 | - | Second Engineer | - | - | - | End of Contract |
| XDND | M/V MPK 452 | Azerbaija n | Passenge r | 30 | MAN | 280 | - | Second Engineer | - | - | - | End of Contract |
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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

| | - | | | | | |
|--|--|---|--|---------|--|-----------|
| Purifiers and Boilers | - | | | | | |
| Type of Cranes / No of Reefer Containers | - | | | | | |
| Other Experience | | | | | | |
| • | | | | | | |
| - | | | | | | |
| | | | | | | |
| Travel Documents | | | | | | |
| Name | | YES/NO | Country | | Date p | of Expire |
| Schengen | | YES/NO | NO | | | - |
| US | | YES/NO | NO | | | - |
| China | | YES/NO | NO | | | - |
| Australia | | YES/NO | NO | | | - |
| Insurance ,Health Related | Documentation | | | | | |
| Medical Certificate (Fit for D | | | | | YES/NO | |
| inedical Certificate (Fit for E | outy) | Vaccin | ation | | TES/INO | |
| | | racon | idii Oii | | | |
| Yellow Fever | | | | | YES/NO | |
| COVID-19 e answer is YES to any of the | e above, please giv | e full details and at | ttach a separate page if | necessa | YES/NO YES/NO ary) | , |
| COVID-19 | e above, please giv | e full details and a | ttach a separate page if | necessa | YES/NO | |
| COVID-19 | above, please giv | e full details and a | ttach a separate page if | necessa | YES/NO | |
| COVID-19 e answer is YES to any of the Medical history Have you ever signed off a | ship due to medica | I reasons? | ttach a separate page if | necessa | YES/NO | |
| COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of | ship due to medica | I reasons? | | necessa | YES/NO YES/NO YES/NO | |
| COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor | ship due to medica peration in the past or during the last 12 | I reasons? ? ! months for an illne | | necessa | YES/NO YES/NO YES/NO YES/NO | |
| COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any off Have you consulted a doctor Do you have any health or off | ship due to medica peration in the past or during the last 12 disability problems | I reasons? ? ! months for an illne | | necessa | YES/NO YES/NO YES/NO YES/NO YES/NO | |
| COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor | ship due to medica peration in the past or during the last 12 disability problems as regularly? | Il reasons? ? ! months for an illno | ess/accident? | | YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO | |
| COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any off Have you consulted a doctor Do you have any health or off Do you take any medication | ship due to medica peration in the past or during the last 12 disability problems as regularly? | Il reasons? ? ! months for an illno | ess/accident? | | YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO | |
| COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any off Have you consulted a doctor Do you have any health or off Do you take any medication | ship due to medica peration in the past or during the last 12 disability problems as regularly? | Il reasons? ? ! months for an illno | ess/accident? | | YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO | |
| Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication (If the answer is YES to a | ship due to medica peration in the past or during the last 12 disability problems as regularly? any of the above, p | Il reasons? ? ! months for an illne now? lease give full deta | ess/accident? ills and attach a separat | | YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO | |
| Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication (If the answer is YES to a | ship due to medica peration in the past or during the last 12 disability problems as regularly? any of the above, p | I reasons? ? ! months for an illnonow? lease give full deta | ess/accident? ills and attach a separat | | YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO TO THE TO | IO |
| Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication (If the answer is YES to a | ship due to medica peration in the past or during the last 12 disability problems as regularly? any of the above, po- | I reasons? ? ! months for an illnonow? lease give full deta | ess/accident? ills and attach a separat | | YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO | IO |
| Medical history Have you ever signed off a Have you undergone any op Have you consulted a doctor Do you have any health or op Do you take any medication (If the answer is YES to a | ship due to medica peration in the past or during the last 12 disability problems as regularly? any of the above, po- | I reasons? ? ! months for an illnonow? lease give full deta | ess/accident? ills and attach a separat | | YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO | IO |

Ship Management ISM&ISPS Management Ship Agency Consultations
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Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services 16

| References (Please give the fiame and address of your current of immediate past employer) | | |
|---|------------------|---|
| Name of company | 1.XDND | 2 |
| Name of person to contact | Azerbaijan /BAKU | - |
| Address | - | - |
| ☎ No. | - | - |

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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.

13.03.2024 Date: