



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 5GVDJ0M
Position Applied for:	Rating Forming part of a navigational watch
Date Available from:	-

2

Personal Information	Gender: Male
First Name: ASIM	Last Name: MURSALOV
Date of Birth: 10.07.1989	Place of Birth (City and Country): Azerbaijan , GOYCHAY
Email: asimmursel078@mail.com	Mobile Number: (+994) 50 451 01 16
Permanent Address: Goychay district , M.F.Akhundov street 18	Expected Salary Per Month: 1200\$-1500\$
Nationality: Azerbaijanian	Alternative rank applying for: Boatswain
Person to call in emergency: (+994) 50 540 13 43 Wife	

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Sevinc	Ismayilova	Female	Wife	+994505401343

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Republic of Azerbaijan Ministry Of Education	Azerbaijan	2009	2010	Course

5

Physical Data	
Height	180
Weight	90
Boilersuit Size	XXL
Shoes Size	45
Blood group	AB(IV)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
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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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 027287		20.03.2024	Azerbaijan		20.03.2029
Certificate of Competency	Azerbaijan	RP09698		13.03.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	CC03474365		30.06.2021	Azerbaijan		29.06.2031
Seaman Book Flag State	Panama	PA0180412		12.01.2022	Panama		04.03.2026
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				-			

7

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8

License

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

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Russia	020622	NCC	13.02.2024	13.02.2029
FIRE PREVENTION & FIRE FIGHTING	Russia	020622	NCC	13.02.2024	13.02.2029
ELEMENTARY FIRST AID	Russia	020622	NCC	13.02.2024	13.02.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Russia	020622	NCC	13.02.2024	13.02.2029
SAFETY FAMILIARIZATION TRAINING	Russia	020622	NCC	13.02.2024	13.02.2029
International Safety Management	Russia	020626	NCC	22.02.2024	22.02.2029
Proficiency in Survival Craft & Rescue Boats	Russia	020623	NCC	15.02.2024	15.02.2029
Security Awareness Training For All Seafarers	Russia	020625	NCC	20.02.2024	20.02.2029
Security Training For Seafarers With Designated Security Duties	Russia	020624	NCC	19.02.2024	19.02.2029

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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

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

[illegible]

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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
Vaccination		
Yellow Fever	YES/NO	YES
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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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)

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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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16

References *(Please give the name and address of your current or immediate past employer)*

Name of company	1.GN GROUP	2.-
Name of person to contact	-	-
Address	Istanbul / Kadikoy	-
☎ No.	-	-

17

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.

Date: 29.03.2024

Signature

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