



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

| | |
|------------------------------|--|
| Position | identity card PIN Number 5NTCPG5 |
| Position Applied for: | Rating forming part of an engine -room watch |
| Date Available from: | - |

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| | | |
|---|--|---------------------|
| Personal Information | | Gender: Male |
| First Name: AZAR | Last Name: GANBAROV | |
| Date of Birth: 23.12.1993 | Place of Birth (City and Country): Azerbaijan , ASTARA | |
| Email: azerqanbarov19932312@gmail.com | Mobile Number: (+994) 50 745 27 75 | |
| Permanent Address: Pensar village , Astara district , Azerbaijan | Expected Salary Per Month: 1000\$-1200\$ | |
| Nationality: Azerbaijan | Alternative rank applying for: - | |
| Person to call in emergency: (+994) 50 417 53 94 Father | | |

3

| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
|--|-----------|--------|----------|-------------------|
| First Name | Last Name | Gender | Relation | Contact |
| Sakit | Ganbarov | Male | Father | +994 50 417 53 94 |
| | | | | |

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| Maritime Education | | | | |
|---------------------------|------------|------------|------------|---------------------------|
| Name of school | Country | From | To | Type of degree or diploma |
| IST Services | Azerbaijan | 05.07.2023 | 08.01.2024 | Course |
| | | | | |

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| Physical Data | |
|--|------------|
| Height | 165 |
| Weight | 70 |
| Boilersuit Size | M |
| Shoes Size | 40 |
| Blood group | B(II)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 Chemenezmenli 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 027257 | | 19.03.2024 | Azerbaijan | | 19.03.2029 |
| Certificate of Competency | Azerbaijan | RP14694 | | 07.03.2024 | Azerbaijan | | - |
| Republic of Azerbaijan | Azerbaijan | C01826264 | | 02.10.2018 | Azerbaijan | | 01.10.2028 |
| 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 | | | | - | | | |

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 | - | - | - |

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STCW Certificates & Trainings

| Courses | Issued Country | Certificate No. | Training Center | Date Issued | Date Of Expiry |
|--|----------------|-----------------|-----------------|-------------|----------------|
| PERSONAL SURVIVAL TECHNICS | Azerbaijan | SO-5825-23 | IST | 15.12.2023 | 15.12.2028 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-5825-23 | IST | 15.12.2023 | 15.12.2028 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-5825-23 | IST | 15.12.2023 | 15.12.2028 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-5825-23 | IST | 15.12.2023 | 15.12.2028 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-5825-23 | IST | 15.12.2023 | 15.12.2028 |
| International Safety Management | Azerbaijan | SP-4054-23 | IST | 19.12.2023 | 19.12.2028 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-4647-23 | IST | 28.12.2023 | 27.12.2028 |
| Security Awareness Training For All Seafarers | Azerbaijan | SI-3849-23 | IST | 08.12.2023 | 08.12.2028 |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-3431-23 | IST | 21.12.2023 | 21.12.2028 |
| Basic training and qualifications on oil and chemical tanker cargo operations; | Azerbaijan | - | IST | - | - |

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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

Russian Language : Good
Turkish Language : Good

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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 authorize you to contact the referees listed above.

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



Signature

Date: 08.04.2024

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