



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 6F53T0C
Position Applied for:	Chief Mate
Date Available from:	-

2

Personal Information		Gender: Male
First Name: ALI	Last Name: ASHIROV	
Date of Birth: 07.12.1995	Place of Birth (City and Country): Turkmenistan, MARY	
Email: asuroveli634@gmail.com	Mobile Number: (+994) 55 218 57 68	
Permanent Address: Sabail district , A.Ismayilov street , Home 67	Expected Salary Per Month: Chief Mate (2500\$)	
Nationality: Azerbaijanian	Alternative rank applying for: -	
Person to call in emergency: (+994) 55 744 53 85 Mother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Nazila	Ashirova	Male	Mother	+994 55 744 53 85

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
5 Numbered Labor College	Azerbaijan	2018	2019	Course

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Physical Data	
Height	173
Weight	82
Boilersuit Size	L
Shoes Size	41
Blood group	A(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
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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	Honduras	080407		16.11.2023	Honduras		16.11.2028
Seaman Book	Azerbaijan	DQK 015804		07.02.2020	Azerbaijan		07.02.2025
Seaman Book Flag State	Antigua and Barbuda	180849		20.04.2022	Antigua and Barbuda		19.04.2027
Certificate of Competency	Azerbaijan	-		-	-		-
Republic of Azerbaijan	Azerbaijan	C00806269		09.08.2015	Azerbaijan		08.08.2025
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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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
Basic training and qualifications on oil and chemical tanker cargo operations;	Honduras	C-05B/CH-612	HMTC	05.01.2023	05.01.2028
Marine Environmental Awareness	Honduras	C-018/CH-04681	HMTC	04.10.2023	04.10.2028
Medical Care	Honduras	C-003/CH-04708	HMTC	04.10.2023	04.10.2028
Radar/ARPA	Honduras	C-017/CH-00644	HMTC	04.10.2023	04.10.2028
Security Awareness and Designated Security Duties	Honduras	C-024/CH-03494	HMTC	04.10.2023	04.10.2028
Proficiency in Survival Craft and Rescue Boats	Honduras	C-006/CH-04742	HMTC	04.10.2023	04.10.2028
Advanced Fire Fighting	Honduras	C-002/CH-05003	HMTC	04.10.2023	04.10.2028
Safety Familiarization / Basic Training	Honduras	C-001/CH-06593	HMTC	04.10.2023	04.10.2028
Ship Handling Bridge Simulator	Honduras	C-010/CH-02112	HMTC	04.10.2023	04.10.2028
ECDIS	Honduras	C-013/CH-02122	HMTC	04.10.2023	04.10.2028
Upgrading	Honduras	C-032/CH-00559	HMTC	04.10.2023	04.10.2028
GMDSS	Honduras	C-015/CH-02138	HMTC	04.10.2023	04.10.2028
Ship Security Officer	Honduras	C-023/CH-04806	HMTC	04.10.2023	04.10.2028
Leadership & Teamwork	Honduras	C-019/CH-02122	HMTC	04.10.2023	04.10.2028

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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

(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	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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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.

Date: 29.03.2024

Signature

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