



**UNITED ALLIANCE GROUP LTD**

**AZERBAIJAN BRANCH**



## APPLICATION FORM

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Position		identity card PIN Number 6HFJPZB
Position Applied for:	Rating forming part of a navigational watch	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: ABBAS	Last Name: ABASOV	
Date of Birth: 12.03.2001	Place of Birth (City and Country): Azerbaijan ,	
Email: Bakkbak61@gmail.com	Mobile Number: (+994) 51 925 46 51	
Permanent Address: 1/26, Ahmad Rajabli street , Narimanov district , Baku, Azerbaijan	Expected Salary Per Month: 1000\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 253 07 58 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Arif	Abasov	Male	Father	+994 50 253 07 58

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
IST Services	Azerbaijan	04.22023	10.2023	Course

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Physical Data	
Height	178
Weight	78
Boilersuit Size	L
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.}	

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Seaman`s Book & Identify Docs					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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: AZI075, 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 027212	16.03.2024	Azerbaijan	16.03.2029
Certificate of Competency	Azerbaijan	RP14649	04.03.2024	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C03887587	15.12.2023	Azerbaijan	14.12.2033
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
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-3291-23	IST	12.07.2023	13.06.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3291-23	IST	12.07.2023	13.06.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-3291-23	IST	12.07.2023	13.06.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3291-23	IST	12.07.2023	13.06.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3291-23	IST	12.07.2023	13.06.2028
International Safety Management	Azerbaijan	SP-2680-23	IST	10.08.2023	21.06.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2980-23	IST	09.08.2023	19.06.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2551-23	IST	11.08.2023	14.06.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1858-23	IST	27.07.2023	23.06.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0612-23	IST	03.08.2023	03.08.2028

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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**

Azerbaijan 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
<b>Vaccination</b>		
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.

Date: 22.04.2024

\_\_\_\_\_  
Signature

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