



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 6KSJNW7
Position Applied for:	Electro-Technical Officer
Date Available from:	-

2

Personal Information		Gender: Male
First Name: VALEH	Last Name: IBRAHIMOV	
Date of Birth: 23.07.1999	Place of Birth (City and Country): Azerbaijan , AGHSTAF A	
Email: valeh.ibrahimov8@gmail.com	Mobile Number: (+994) 50 493 66 10	
Permanent Address: Eynallivillage , Aghstafa district , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for:-	
Person to call in emergency: (+994) 50 635 95 09 Brother		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Mahal	Ibragimov	Male	Brother	+994506359509

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2016	2020	Bachelor

5

Physical Data	
Height	185
Weight	90
Boilersuit Size	XL
Shoes Size	45
Blood group	A(II)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

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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 023775		19.05.2023	Azerbaijan		19.05.2028
Certificate of Competency	Azerbaijan	007857		12.06.2023	Azerbaijan		12.06.2028
Republic of Azerbaijan	Azerbaijan	C01670534		18.11.2017	Azerbaijan		17.11.2027
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	Azerbaijan	SO-1992-23	SMPA	12.05.2023	12.05.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1992-23	SMPA	12.05.2023	12.05.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-1992-23	SMPA	12.05.2023	12.05.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1992-23	SMPA	12.05.2023	12.05.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1992-23	SMPA	12.05.2023	12.05.2028
International Safety Management	Azerbaijan	SP-1528-23	SMPA	19.05.2023	15.05.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1677-23	SMPA	23.05.2023	23.05.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-1406-23	SMPA	16.05.2023	16.05.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0494-20	SMPA	18.09.2020	10.09.2025
Advanced Training in Fire Fighting	Azerbaijan	SJ-0607-23	SMPA	08.05.2023	08.05.2028
Leadership & Teamwork	Azerbaijan	DL-0375-23	SMPA	11.05.2023	11.05.2028
Medical First Aid	Azerbaijan	SN-0764-23	SMPA	17.05.2023	17.05.2028

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(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

Russian Language : Middle
English Language : Middle

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	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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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.Orion Shipping Ltd	2.North Star Ltd
Name of person to contact	Akin Akarlar	Evgenii
Address	-	-
☎ No.	+905305105380	+37129177277

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: 30.04.2024

Signature

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