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## **APPLICATION FORM**

1	Position	identity card PIN Number 243WV6						
	Position Applied for:	Officer in charge of an Engineering Watch						
	Date Available from:	-						

First Name: ALASGAR	Last Name: ASGAROV
Date of Birth: 21.04.1982	Place of Birth (City and Country): Azerbaijan , JALILABAD
Email: elesger3232@gmail.com	Mobile Number: (+994) 55 742 32 32
Permanent Address:09, F.Ahmaadov street,	Expected Salary Per Month:
Jalilabad district, Azerbaijan	2500\$-3000\$
Nationality: Azerbaijan	Alternative rank applying for:
-	Chief Engineer

3	Family Details: (If Unmarri	Family Details: (If Unmarried kindly give details of Father / Mother)										
	First Name	Last Name	Gender	Relation	Contact							
	Firangiz	Asgarova	Female	Mother	+994 55 587 23 47							

4	Maritime Education									
	Name of school	Country	From	То	Type of degree or diploma					
	KSMA	Ukraine	2013	2017	Bachelor					

Physical Data	
Height	184
Weight	85
Boilersuit Size	XXL
Shoes Size	43
Blood group	A(II)RH+
	other information you want to add about your physique in this fiel

6	Seaman's Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 024271	04.07.2023	Azerbaijan	04.07.2028

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

Certificate of Competency	Azerbaijan	000	04593	28.08.2023	Aze	erbaijan	28.08.2028
Certificate of Competency	Azerbaijan	000	04593	28.08.2023	Aze	erbaijan	28.08.2028
Republic of Azerbaijan	Azerbaijan	C03	309602	02.02.2024	Azerbaijan		01.02.2034
Do you hold a US Vis	sa 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	YES/NO NO		Issue Date:	-	Expiry	Date:-	
Have you been reject	YES/NO	NO					
If YES, please state t	-						

## 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-2247-23	SMPA	18.05.2023	08.05.2028	
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2247-23	SMPA	18.05.2023	08.05.2028	
ELEMENTARY FIRST AID	Azerbaijan	SO-2247-23	SMPA	18.05.2023	08.05.2028	
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2247-23	SMPA	18.05.2023	08.05.2028	
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2247-23	SMPA	18.05.2023	08.05.2028	
International Safety Management	Azerbaijan	SP-0232-23	SMPA	24.01.2023	12.01.2028	
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0167-24	SMPA	19.01.2024	18.01.2029	
Proficiency in Fast Rescue Boats	Azerbaijan	SU-0104-23	SMPA	10.03.2023	10.03.2028	
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0090-23	SMPA	18.01.2023	18.01.2028	
Security Awareness Training For All Seafarers	Azerbaijan	SI-1783-24	SMPA	01.05.2024	Unlimited	
Updating	Azerbaijan	XS-0010-22	SMPA	05.01.2022	17.12.2026	
Leadership & Teamwork	Azerbaijan	DL-0417-23	SMPA	23.05.2023	17.05.2028	
Advanced Training in Fire Fighting	Azerbaijan	SJ-0053-24	SMPA	18.01.2024	12.01.2029	
Crisis management and human behaviour training	Azerbaijan	SE-0052-23	SMPA	07.04.2023	07.04.2028	
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan	ER-0146-23	SMPA	26.05.2023	26.05.2028	
Medical First Aid	Azerbaijan	SN-1488-23	SMPA	29.09.2023	29.09.2028	

## **Seagoing Experience**

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

COMPANY	Name of vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
XDND	M/V ZOHRAB VALIYEV	Azerbaija n	Research Vessel	313	MAN	775		Second Engineer	-	-	-	End of Contract
XDND	M/V HOVSAN 5	Azerbaija n	Tug	57	16 P	180		Second Engineer	-	-	-	End of Contract
XDND	M/V MPK 474	Azerbaija n	Passenge r Ship	40	Wartsilla	453	-	Second Engineer	-	-	-	End of Contract
XDND	M/V MAMMAD SULEYMANOV	Azerbaija n	Research Vessel	189	MAN	488	-	Second Engineer	-	-	-	End of Contract
XDND	M/V MPK 452	Azerbaija n	Passenge r	30	MAN	280	-	Second Engineer	-	-	-	End of Contract
							Carllina 41					
									N			
									7			
									/			
							-/-					

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

	-					
Purifiers and Boilers	-					
Type of Cranes / No of Reefer Containers	-					
Other Experience						
-						
Travel Documents						
Name		YES/NO	Country		Data r	of Evnir
Schengen		YES/NO YES/NO	NO		Date p	of Expire
US		YES/NO	NO			-
China		YES/NO	NO			-
Australia		YES/NO	NO			-
Insurance ,Health Related	Decumentation					
Medical Certificate (Fit for D	outy)	Vaccin	estion		YES/NO	
Yellow Fever		Vaccin	lation		\/=0#10	
					$Y \vdash S/N()$	
COVID-19 e answer is YES to any of the	above, please giv	e full details and a	ttach a separate page if	necessa	YES/NO YES/NO ary)	
COVID-19	above, please giv	e full details and at	ttach a separate page if	necessa	YES/NO	
COVID-19	above, please giv	e full details and a	ttach a separate page if	necessa	YES/NO	
COVID-19 e answer is YES to any of the			ttach a separate page if	necessa	YES/NO	
COVID-19 e answer is YES to any of the  Medical history  Have you ever signed off a Have you undergone any of	ship due to medica	I reasons?		necessa	YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the Medical history Have you ever signed off a Have you undergone any of Have you consulted a doctor	ship due to medica peration in the past or during the last 12	I reasons? ? ! months for an illne		necessa	YES/NO YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the  Medical history  Have you ever signed off a  Have you undergone any off Have you consulted a doctor  Do you have any health or off	ship due to medica peration in the past or during the last 12 disability problems	I reasons? ? ! months for an illne		necessa	YES/NO YES/NO YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the  Medical history  Have you ever signed off a  Have you undergone any op  Have you consulted a doctor  Do you have any health or op  Do you take any medication	ship due to medica peration in the past or during the last 12 disability problems as regularly?	Il reasons? ? ! months for an illno	ess/accident?		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	
COVID-19 e answer is YES to any of the  Medical history  Have you ever signed off a  Have you undergone any off Have you consulted a doctor  Do you have any health or off	ship due to medica peration in the past or during the last 12 disability problems as regularly?	Il reasons? ? ! months for an illno	ess/accident?		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	
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Medical history  Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication  (If the answer is YES to a	ship due to medica peration in the past or during the last 12 disability problems is regularly? any of the above, p	I reasons? ? ! months for an illnonow? lease give full deta	ess/accident?  ills and attach a separat		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	NO
Medical history  Have you ever signed off a Have you undergone any of Have you consulted a doctor Do you have any health or of Do you take any medication  (If the answer is YES to a	ship due to medical peration in the past or during the last 12 disability problems as regularly?  The problems are the problems are the problems are pularly?  The problems are	I reasons? ? ! months for an illnonow?  lease give full deta	ess/accident?  ills and attach a separat		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	NO
Medical history  Have you ever signed off a Have you undergone any op Have you consulted a doctor Do you have any health or or Do you take any medication  (If the answer is YES to a	ship due to medical peration in the past or during the last 12 disability problems as regularly?  The problems are the problems are the problems are pularly?  The problems are	I reasons? ? ! months for an illnonow?  lease give full deta	ess/accident?  ills and attach a separat		YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	NO

Ship Management ISM&ISPS Management Ship Agency Consultations
Provision, Ship Supply

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services References (Please give the name and address of your current or immediate past employer)

Name of company	1.XDND	2
Name of person to contact	Azerbaijan /BAKU	-
Address	-	-
☎ 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.

Signature

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