



APPLICATION FORM

1	Position identity card PIN Number 4RLB5L1				
	Position Applied for:			Rating forming part of a navigational watch	
	Date Available from:			23.01.2024	
2	Personal Information Gender: Male				
	First Name: NIFTULLA		Last Name: QARDASHOV		
	Date of Birth: 13.03.1990		Place of Birth (City and Country): Azerbaijan, KHUDAT		
	Email:		Mobile Number: (+994) 55 403 33 40		
	Permanent Adress: Khacmaz district, Kudat city, Nasimi street		Expected Salary Per Month:		
	Nationality: Azerbaijan		Alternative rank applying for: Rating forming part of a navigational watch		
	Person to call in emergency: (+994) 55 719 51 53 Brother				
3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Ahadulla	Qardashov	Male	Brother	055 719 51 53
4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	KAINAT MARITIME MMC	Azerbaijan	04.2023	11.2023	Course
5	Physical Data				
	Height		170		
	Weight		64		
	Boilersuit Size		M		
	Shoes Size		40		
	Blood group		B(III)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				

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 026379		11.01.2024	Azerbaijan		11.01.2029
Certificate of Competency	Azerbaijan	RP14214		29.12.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03462532		01.10.2023	Azerbaijan		30.09.2033
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				-			

7

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8

Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA,BAKU	29.12.2023
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-4438-23	UAG	23.08.2023	11.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4438-23	UAG	23.08.2023	11.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4438-23	UAG	23.08.2023	11.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4438-23	UAG	23.08.2023	11.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4438-23	UAG	23.08.2023	11.08.2028
International Safety Management	Azerbaijan	SP-2885-23	UAG	24.08.2023	18.08.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3176-23	UAG	21.08.2023	16.08.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2712-23	UAG	23.08.2023	21.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2268-23	UAG	23.08.20232	22.08.2028

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

Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenezemli 119c, Afen Plaza Business Center 5nd floor, apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

10	Seagoing Experience
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11	For Engineers (Please provide details)	
	Generators	-
	Purifiers and Boilers	-
	Type of Cranes / No of Reefer Containers	-

12	Other Experience
	-

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.-	2.-
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

17

Declaration

I hereby declare that the above particulars are true and authorise you to contact the referees listed above.

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



Signature

Date: 23.01.2024

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