



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 0XHK54W
Position Applied for:	Master	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: BURHAN	Last Name: IBRAHIMOV	
Date of Birth: 09.07.1954	Place of Birth (City and Country): Azerbaijan , UJAR	
Email: burhanibrahimov3@gmail.com	Mobile Number: (+994) 55 611 78 71; (+994) 55 296 78 71	
Permanent Address: Gazigumlag village , Ujar district , Azerbaijan	Expected Salary Per Month: 4500\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 261 06 82 Son		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Zeynal	Ibrahimov	Male	Son	+994 55 397 14 24

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	1972	1976	Bachelor

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Physical Data	
Height	167
Weight	80
Boilersuit Size	XL
Shoes Size	41-42
Blood group	O(I)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

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 028017		11.05.2024	Azerbaijan		11.05.2029
Certificate of Competency	Azerbaijan	0002157		06.10.2021	Azerbaijan		06.10.2026
Republic of Azerbaijan	Azerbaijan	C03405563		08.04.2021	Azerbaijan		07.04.2031
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-0459-21	SMPA	16.03.2021	16.03.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0459-21	SMPA	16.03.2021	16.03.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0459-21	SMPA	16.03.2021	16.03.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0459-21	SMPA	16.03.2021	16.03.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0459-21	SMPA	16.03.2021	16.03.2026
International Safety Management	Azerbaijan	SP-1505-24	SMPA	10.05.2024	10.05.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0322-21	SMPA	12.03.2021	12.03.2026
Security Awareness Training For All Seafarers	Azerbaijan	-	SMPA	-	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	-	SMPA	-	-
Ship Security Officer	Azerbaijan	SG-0262-24	SMPA	24.05.2024	Unlimited
Leadership & Teamwork	Azerbaijan	DL-0665-22	SMPA	20.04.2022	05.04.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0192-21	SMPA	05.03.2021	05.03.2026
Bridge Resource Management	Azerbaijan	SW-0086-21	SMPA	09.03.2021	09.03.2026
Ship Handling and Maneuvering	Azerbaijan	SV-0068-21	SMPA	02.03.2021	02.03.2026
Medical First Aid	Azerbaijan	SN-0149-21	SMPA	09.03.2021	19.02.2026
Medical Care	Azerbaijan	SM-0056-21	SMPA	23.02.2021	16.02.2026
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0286-22	SMPA	29.04.2022	29.04.2027
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0117-24	SMPA	05.04.2024	05.04.2029
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0068-21	SMPA	05.03.2021	05.03.2026

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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
BLACK SEA INTERNATIONAL SHIPPING	M/V OMSKIY - 121	Comoros	General Cargo Ship	3197	Skoda	2463	-	Master	25.11.2019	28.04.2020	6 months	End of Contract
BLACK SEA INTERNATIONAL SHIPPING	M/V OMSKIY - 121	Comoros	General Cargo Ship	3197	Skoda	2463	-	Master	22.07.2020	17.12.2020	6 months	End of Contract
BOSPHORUS INTERNATIONAL SHIPPING	M/V DIAMOND C	Comoros	General Cargo Ship	3108	Skoda	2447	-	Master	21.10.2021	04.04.2022	7 months	End of Contract
BOSPHORUS INTERNATIONAL SHIPPING	M/V DIAMOND C	Comoros	General Cargo Ship	3108	Skoda	2447	-	Master	18.09.2022	01.11.2023	1 year 3 months	End of Contract

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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

Russian Language : Good
English 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
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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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)*

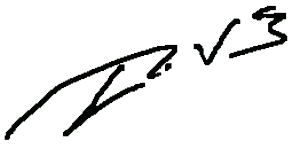
Name of company	1.-	2.-
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

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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.



Signature

Date: 11.06.2024

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