



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 5U0Y611
Position Applied for:	Rating forming part of a navigational watch	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: GARASH	Last Name: KARIMOV	
Date of Birth: 23.04.1977	Place of Birth (City and Country): Azerbaijan , MASALLI	
Email: kirimovgosa6@gmail.com	Mobile Number: (+380) 95 805 55 02 ; (+994) 51 624 96 31	
Permanent Address: Khirmandalli village, Masalli district , Azerbaijan	Expected Salary Per Month: 1400\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 990 18 31 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Alisafa	Karimov	Male	Father	+994509901831

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
KASPIAN EDUCATION CENTER	Azerbaijan	09.2022	03.2023	Course

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Physical Data	
Height	183
Weight	95
Boilersuit Size	XXL
Shoes Size	45
Blood group	AB(IV)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
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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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 023690		16.05.2023	Azerbaijan		16.05.2028
Certificate of Competency	Azerbaijan	RP12848		05.05.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03167581		22.04.2023	Azerbaijan		21.04.2033
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-0119-23	SMPA	13.01.2023	11.01.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0119-23	SMPA	13.01.2023	11.01.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-0119-23	SMPA	13.01.2023	11.01.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0119-23	SMPA	13.01.2023	11.01.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0119-23	SMPA	13.01.2023	11.01.2028
International Safety Management	Azerbaijan	SP-0162-23	SMPA	19.01.2023	18.01.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0170-23	SMPA	16.01.2023	16.01.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0142-23	SMPA	17.01.2023	12.01.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0156-23	SMPA	24.01.2023	24.01.2028

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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

(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

Russian Language : Excellent

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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.

Date: 21.06.2024

Signature

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