



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 6C6HK4G
Position Applied for:	Electro Technical Officer
Date Available from:	-

2

Personal Information		Gender: Male
First Name: GUDRAT	Last Name: KARIMOV	
Date of Birth: 24.09.1997	Place of Birth (City and Country): Azerbaijan , BILASUVAR	
Email: gudrat028@gmail.com	Mobile Number: (+994) 70 620 10 97 ; (+994) 50 376 73 97	
Permanent Address: Amakand village, Bilasuvar district, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: Electro Technical Rating	
Person to call in emergency: (+994) 70 969 86 89 Brother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Nusrat	Karimov	Male	Brother	+994 70 969 86 89

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2018	2022	Bachelor

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Physical Data	
Height	178
Weight	94
Boilersuit Size	XL
Shoes Size	43
Blood group	A(II)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

Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Cemenzemenli 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 027693		20.04.2024	Azerbaijan		20.04.2029
Certificate of Competency	Azerbaijan	RP10667		15.11.2021	Azerbaijan		-
Certificate of Competency	Azerbaijan	0008219		10.06.2024	Azerbaijan		10.09.2029
Republic of Azerbaijan	Azerbaijan	C04028521		03.06.2022	Azerbaijan		02.06.2032
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-1371-24	SMPA	19.04.2024	19.04.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1371-24	SMPA	19.04.2024	19.04.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-1371-24	SMPA	19.04.2024	19.04.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1371-24	SMPA	19.04.2024	19.04.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1371-24	SMPA	19.04.2024	19.04.2029
International Safety Management	Azerbaijan	SP-1503-24	SMPA	10.05.2024	10.05.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2258-22	SMPA	10.08.2022	10.08.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1568-24	SMPA	18.04.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1547-22	SMPA	12.08.2022	12.08.2027
Medical First Aid	Azerbaijan	SN-0403-24	SMPA	15.04.2024	Unlimited
Leadership & Teamwork	Azerbaijan	DL-0301-24	SMPA	03.05.2024	03.05.2029
Advanced Training in Fire Fighting	Azerbaijan	SJ-0453-24	SMPA	26.04.2024	26.04.2029
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0404-24	SMPA	17.05.2024	Unlimited

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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
Turkish Language: Good

12 Travel Documents

Name	YES/NO	Country	Date of 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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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: 24.06.2024

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