



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 0WZ7D2Z
Position Applied for:	Master
Date Available from:	-

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Personal Information	Gender: Male
First Name: SARHAD	Last Name: ALASGAROV
Date of Birth: 05.04.1956	Place of Birth (City and Country): Azerbaijan, GUSAR
Email:-	Mobile Number: (+994) 50 581 60 06
Permanent Address: Bunyadzada street, Yasamal district, Baku, Azerbaijan	Expected Salary Per Month:-
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 55 609 65 03 Son	

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Namik	Alasgarov	Male	Son	+994556096503

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	1973	1977	Bachelor

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Physical Data	
Height	185
Weight	90
Boilersuit Size	3XL
Shoes Size	43
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					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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

Seaman Book	Azerbaijan	DQK 020523	15.06.2022	Azerbaijan	15.06.2027
Certificate of Competency	Azerbaijan	0001598	10.11.2021	Azerbaijan	10.11.2026
Republic of Azerbaijan	Azerbaijan	C03622882	15.12.2023	Azerbaijan	14.12.2033
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
In Kingdom English Test	Marlins	84%

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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	-	SMPA	-	-
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	-	SMPA	-	-
ELEMENTARY FIRST AID	Azerbaijan	-	SMPA	-	-
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	-	SMPA	-	-
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	-	SMPA	-	-
International Safety Management	Azerbaijan	SP-1657-21	SMPA	09.09.2021	03.09.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1520-21	SMPA	09.09.2021	07.09.2026
Security Awareness Training For All Seafarers	Azerbaijan	-	SMPA	-	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	-	SMPA	-	-
Ship Security Officer	Azerbaijan	SG-0399-24	SMPA	21.08.2024	Unlimited
Leadership & Teamwork	Azerbaijan	DL-0864-21	SMPA	08.09.2021	18.08.2026
Advanced Training in Fire Fighting	Azerbaijan	SJ-0768-21	SMPA	06.09.2021	24.08.2026
Medical First Aid	Azerbaijan	SN-0652-21	SMPA	09.09.2021	04.08.2026
Medical Care	Azerbaijan	SM-0225-21	SMPA	25.08.2021	03.08.2026
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0605-24	SMPA	26.08.2024	26.08.2029
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0312-21	SMPA	20.09.2021	20.09.2026
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0400-21	SMPA	10.09.2021	10.09.2026
Bridge Resource Management	Azerbaijan	SW-0167-20	SMPA	07.08.2020	07.08.2025
Ship Handling and Maneuvering	Azerbaijan	SV-0292-21	SMPA	01.09.2021	01.09.2026

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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
ZAMIL OFFSHORE COMPANY	M/V ZAMIL-406	Saudi Arabia	Work/Repair Vessel	751	-	1394	-	Master	19.06.2018	17.11.2018	5 months	End of Contract
ZAMIL OFFSHORE COMPANY	M/V ZAMIL-406	Saudi Arabia	Work/Repair Vessel	751	-	1394	-	Master	22.01.2019	06.05.2019	4 months	End of Contract
ZAMIL OFFSHORE COMPANY	M/V ZAMIL-406	Saudi Arabia	Work/Repair Vessel	751	-	1394	-	Master	12.08.2019	24.01.2020	5 months	End of Contract
ZAMIL OFFSHORE COMPANY	M/V ZAMIL-406	Saudi Arabia	Work/Repair Vessel	751	-	1394	-	Master	22.10.2020	20.08.2021	10 months	End of Contract
ZAMIL OFFSHORE COMPANY	M/V ZAMIL-406	Saudi Arabia	Work/Repair Vessel	751	-	1394	-	Master	01.01.2022	01.06.2022	5 months	End of Contract
ZAMIL OFFSHORE COMPANY	M/V ZAMIL-406	Saudi Arabia	Work/Repair Vessel	751	-	1394	-	Master	27.12.2022	24.01.2023	1 months	End of Contract
RM GROUP	M/V AMUR 2528	Russia	General Cargo Ship	3332	-	3086	-	Master	05.02.2023	24.04.2023	2 months	End of Contract
RM GROUP	M/V AMUR 2528	Russia	General Cargo Ship	3332	-	3086	-	Master	06.05.2023	06.08.2023	3 months	End of Contract
BOSFORUS SHIPPING CO	M/V DIAMOND C	Comoros	General Cargo Ship	3108	-	2447	-	Master	03.01.2024	22.05.2024	5 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
 Turkish Language : Good
 Azerbaijan 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.ZAMIL SHIPPING COMPANY	2.RM GROUP
Name of person to contact	-	-
Address	Saudi Arabia	Russia
☎ 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: 03.09.2024

Signature

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