



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 0ZLES83
Position Applied for:	Chief Engineer
Date Available from:	-

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Personal Information		Gender: Male
First Name: ILGAR	Last Name: DARCHINOV	
Date of Birth: 18.06.1971	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: Ilqardarchinov@gmail.com	Mobile Number: (+994) 50 350 69 61	
Permanent Address: Gara Garayev avenue , Nizami district , Baku , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 70 367 92 96 Mother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Ziba	Murtuzova	Female	Mother	+994703679296

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2001	2005	Bachelor

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Physical Data	
Height	187
Weight	115
Boilersuit Size	XXXL
Shoes Size	47
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 026075	14.12.2023	Azerbaijan	14.12.2028
Certificate of Competency	Azerbaijan	0003957	04.05.2022	Azerbaijan	25.01.2027
Republic of Azerbaijan	Azerbaijan	C03761944	13.09.2022	Azerbaijan	12.09.2032
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	S0-3271-21	SMPA	01.12.2021	30.11.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	S0-3271-21	SMPA	01.12.2021	30.11.2026
ELEMENTARY FIRST AID	Azerbaijan	S0-3271-21	SMPA	01.12.2021	30.11.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	S0-3271-21	SMPA	01.12.2021	30.11.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	S0-3271-21	SMPA	01.12.2021	30.11.2026
International Safety Management	Azerbaijan	SP-0111-22	SMPA	24.01.2022	19.01.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1449-19	SMPA	26.11.2019	26.11.2024
Medical First Aid	Azerbaijan	SN-0154-21	SMPA	12.03.2021	12.03.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1907-24	SMPA	14.06.2024	Unlimited
Updating	Azerbaijan	XS-0238-22	SMPA	09.02.2022	25.01.2027
Leadership & Teamwork	Azerbaijan	DL-0219-20	SMPA	27.11.2020	27.11.2025
Advanced Training in Fire Fighting	Azerbaijan	SJ-0049-20	SMPA	24.01.2020	24.01.2025
Eugenie-room resource management	Azerbaijan	ER-0093-21	SMPA	26.02.2021	26.02.2026
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0529-19	SMPA	05.12.2019	05.12.2024

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(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: Good
Turkish 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.CMS	2.-
Name of person to contact	-	-
Address	Azerbaijan/Baku	-
☎ 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: 10.09.2024

Signature

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