



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 0SUAZB9
Position Applied for:	Able Seafarer-Engine
Date Available from:	-

2

Personal Information		Gender: Male
First Name: ILGAR	Last Name: BAYRAMOV	
Date of Birth: 05.03.1967	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: ilgar.bayramov67@gmail.com	Mobile Number: (+994) 55 787 23 68	
Permanent Address: Azadlig avenue, Binagadi district, Baku, Azerbaijan	Expected Salary Per Month:-	
Nationality: Azerbaijan	Alternative rank applying for: Electro Technical Rating	
Person to call in emergency: (+994) 50 229 62 80 Wife		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Rana	Bayramova	Male	Wife	+994502296280

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
-	-	-	-	-

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Physical Data	
Height	178
Weight	82
Boilersuit Size	XXL
Shoes Size	44
Blood group	B(III)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

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

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Seaman`s Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 017385		06.04.2021	Azerbaijan		06.04.2026
Certificate of Competency	Azerbaijan	RP01065		02.04.2021	Azerbaijan		-
Certificate of Competency	Azerbaijan	RP01065		07.04.2022	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02850792		19.02.2021	Azerbaijan		18.02.2031
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-0251-21	SMPA	23.02.2021	23.02.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0251-21	SMPA	23.02.2021	23.02.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0251-21	SMPA	23.02.2021	23.02.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0251-21	SMPA	23.02.2021	23.02.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0251-21	SMPA	23.02.2021	23.02.2026
International Safety Management	Azerbaijan	SP-0154-21	SMPA	17.02.2021	17.02.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0186-21	SMPA	22.02.2021	19.02.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-0080-21	SMPA	17.02.2021	04.02.2026
Dangerous , hazardous and harmful cargoes	Azerbaijan	SK-0039-21	SMPA	12.02.2021	12.02.2026

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[illegible]

- Sale & Purchasing
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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: Good
Azerbaijani Language: Good
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)*

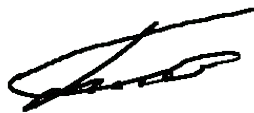
Name of company	1.PLATIN SHIPPING AND TRADING LTD	2.-
Name of person to contact	-	-
Address	Kadikoy /Istanbul/ Turkey	-
☎ No.	+902163264399	-

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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: 07.10.2024

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