



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 5WGQW31
Position Applied for:	Electro-Technical Officer
Date Available from:	-

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Personal Information	Gender: Male
First Name: ANAR	Last Name: NASIBLI
Date of Birth: 11.11.1994	Place of Birth (City and Country): Azerbaijan, SHAKI
Email: anarnasibli94@gmail.com	Mobile Number: (+994) 55 581 89 90
Permanent Address: 1, Kalinin street , Shaki district, Azerbaijan	Expected Salary Per Month: 2500\$
Nationality: Azerbaijan	Alternative rank applying for: Motorman
Person to call in emergency: (+994) 55 594 73 55 Father	

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Elkhan	Yusifov	Male	Father	+994 55 594 73 55

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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	165
Weight	54
Boilersuit Size	M
Shoes Size	39-40
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					
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 025661		03.11.2023	Azerbaijan		03.11.2028
Certificate of Competency	Azerbaijan	0007172		18.12.2020	Azerbaijan		18.12.2025
Certificate of Competency	Azerbaijan	RP07583		16.11.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02527344		23.01.2019	Azerbaijan		22.01.2029
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-5064-23	SMPA	13.10.2023	12.10.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5064-23	SMPA	13.10.2023	12.10.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5064-23	SMPA	13.10.2023	12.10.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5064-23	SMPA	13.10.2023	12.10.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5064-23	SMPA	13.10.2023	12.10.2028
International Safety Management	Azerbaijan	SP-3444-23	SMPA	20.10.2023	19.10.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3765-23	SMPA	05.10.2023	05.10.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-3320-23	SMPA	20.10.2023	20.10.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0483-24	SMPA	01.03.2024	Unlimited
1000v	Azerbaijan	DM-0061-24	SMPA	05.04.2024	05.04.2029
Leadership & Teamwork	Azerbaijan	DL-0045-24	SMPA	25.01.2024	25.01.2029
Advanced Training in Fire Fighting	Azerbaijan	SJ-0445-21	SMPA	04.06.2021	04.06.2026
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0154-21	SMPA	18.05.2021	18.05.2026
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	SB-0033-24	SMPA	16.02.2024	16.02.2029
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan	AS-0084-21	SMPA	27.05.2021	27.05.2026
Medical First Aid	Azerbaijan	SN-0069-24	SMPA	31.01.2024	31.01.2029

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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
ASCO	M/V AZERBAIJAN	Azerbaijan	Tanker	3995	-	11450	-	Electrician	16.01.2018	-	-	End of Contract
ASCO	M/V AK.ZARIFA ALIYEVA	Azerbaijan	Passenger Ship	5878	-	8523	-	Electrician	-	-	-	End of Contract
ASCO	M/V AGHDAM	Azerbaijan	Passenger Ship	5946	-	8547	-	Electrician	-	-	-	End of Contract
ASCO	M/V SHAHDAG	Azerbaijan	Ro-Ro Cargo Ship	5991	-	8547	-	Electrician	-	-	-	End of Contract
ASCO	M/V GARABAGH	Azerbaijan	Tanker	106999	-	63487	-	Electrician	-	-	-	End of Contract
ASCO	M/V BALAKAN	Azerbaijan	Ro-Ro Cargo Ship	5398	-	8045	-	Electro Technical Officer	-	-	-	End of Contract
ASCO	M/V NARIMAN NARIMANOV	Azerbaijan	Oil Products Tanker	5387	-	4178	-	Electro Technical Officer	-	-	-	End of Contract
ASCO	M/V MUSTAFA ALI	Azerbaijan	Oil Products Tanker	5387	-	4181	-	Electro Technical Officer	-	-	-	End of Contract
ASCO	M/V ISLAM SAFARLI	Azerbaijan	Oil Products Tanker	5353	-	4185	-	Electro Technical Officer	-	-	-	End of Contract
ASCO	M/V GAHRAMAN KHALILBAYLI	Azerbaijan	Oil Products Tanker	5353	-	4185	-	Electro Technical Officer	-	-	-	End of Contract
ASCO	M/V MAHMUD RAHIMOV	Azerbaijan	General Cargo Ship	4485	-	4110	-	Electro Technical Officer	-	01.05.2024	-	End of Contract

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PALMALI SHIPPING	M/V GENERAL POLAD HASHIMOV	Liberia	Chemica l/Oil tanker	7103	Wartsila	4684	-	Electro Technical Officer	29.06.2024	01.11.2024	4 months 2 days	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

English Language : Intermediate (B1)
Turkish Language : Advanced (C1)

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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: 02.12.2024

Signature

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