



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 216clj7
Position Applied for:	Chief Engineer
Date Available from:	-

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Personal Information		Gender: Male
First Name: CHARKAZ	Last Name: JABBAROV	
Date of Birth: 15.12.1962	Place of Birth (City and Country): Azerbaijan , KALBAJAR	
Email: cabbarovcerkez12@gmail.com	Mobile Number: (+994) 50 669 74 40 : +99412 457 57 87	
Permanent Address: Surakhani district , Hovsan settl,E.Gasimov street , Home 12	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 51 480 87 55 Son		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Nizami	Jabbarli	Male	Son	+994 51 480 87 55

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
OIIMF	Ukraine	1984	1991	Bachelor

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Physical Data	
Height	175
Weight	93
Boilersuit Size	XXXL
Shoes Size	42
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 017623	28.05.2021	Azerbaijan	28.05.2026
Certificate of Competency	Azerbaijan	0002785	10.12.2024	Azerbaijan	25.11.2029
Republic of Azerbaijan	Azerbaijan	C01509167	20.07.2017	Azerbaijan	19.07.2027
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-1700-24	SMPA	10.05.2024	03.05.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1700-24	SMPA	10.05.2024	03.05.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-1700-24	SMPA	10.05.2024	03.05.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1700-24	SMPA	10.05.2024	03.05.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1700-24	SMPA	10.05.2024	03.05.2029
International Safety Management	Azerbaijan	SP-3837-22	SMPA	27.12.2022	22.12.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4241-22	SMPA	26.12.2022	26.12.2022
Security Awareness Training For All Seafarers	Azerbaijan	-	SMPA	-	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1233-19	SMPA	11.09.2019	11.09.2024
Eugenie-room resource management	Azerbaijan	ER-0021-21	SMPA	22.01.2021	22.01.2026
Leadership & Teamwork	Azerbaijan	DL-0411-22	SMPA	09.03.2022	28.01.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-1755-22	SMPA	15.12.2022	15.12.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	-	SMPA	-	-
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	SB-0041-24	SMPA	23.02.2024	23.02.2029
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan	-	SMPA	-	-
Medical First Aid	Azerbaijan	SN-0675-23	SMPA	28.04.2023	20.04.2028
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0124-24	SMPA	01.03.2024	01.03.2029

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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
DTX	M/V SHUSA	Azerbaijan	Tanker	13010	-	7334	-	Chief Engineer	12.05.1995	20.02.1998	3 year	End of Contract
DTX	M/V SABIR BABAYEV	Azerbaijan	Offshore Tug	57	-	182	-	Chief Engineer	20.02.1998	01.10.2003	5 year	End of Contract
DTX	M/V SHAFAQ	Azerbaijan	Supply Ship	135	-	155	-	Chief Engineer	01.10.2003	01.03.2008	5 year	End of Contract
SOCAR	M/V BEDIRMAN ANA	Turkey	General Cargo Ship	136	-	545	-	Chief Engineer	25.01.2010	01.06.2010	6 months	End of Contract
SAMAYA LTD	M/V BAKI 357	Azerbaijan	Tanker	1621	-	950	-	Chief Engineer	01.09.2010	01.03.2011	6 months	End of Contract
FHN	M/V SVETLAMOR-2	Azerbaijan	Offshore Tug	-	-	-	-	Chief Engineer	15.03.2011	19.01.2019	8 year	End of Contract
SAMAYA LTD	M/V CASPIAN CARRIER	Russia	Tanker	4999	-	4185	-	Chief Engineer	01.04.2021	01.11.2021	7 months	End of Contract
CASPIAN MARINE SERVICES	M/V CMS-2	Azerbaijan	Offshore Tug	100	-	235	-	Chief Engineer	23.11.2021	01.12.2023	2 year	End of Contract
STEVEDORING LLC	M/V MARCO POLO	Azerbaijan	Tanker	1100	-	3100	-	Chief Engineer	07.01.2024	-	-	-
ASCO	M/V AZERBAIJAN	Azerbaijan	Oil Products Tanker	7115	Wartsila	4698	-	2 ND Engineer	12.06.2024	15.11.2024	5 months 3 days	End of Contract

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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 : Excellent
Turkish Language : Excellent
English Language : Average

12 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	-

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)

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)

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.

Date: 07.02.2025

Signature

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