



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 4KCLWCR</b>
<b>Position Applied for:</b>	3 <sup>RD</sup> Officer
<b>Date Available from:</b>	-

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: SHAMIL</b>	<b>Last Name: YASHARLI</b>	
Date of Birth: 25.06.1997	Place of Birth (City and Country): Azerbaijan, BARDA	
Email: iamyasharli@gmail.com	Mobile Number: (+994) 51 383 20 23	
Permanent Address: Gurban Pirimov street, Barda district, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) 51 950 17 72 Mother</b>		

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<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
Aygun	Najafova	Female	Mother	+994519501772

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<b>Maritime Education</b>				
<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
-	-	-	-	-

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<b>Physical Data</b>	
Height	188
Weight	98
Boilersuit Size	2XL
Shoes Size	45
Blood group	B(III)RH+
Additional Physical Information: {You can write any other information you want to add about your physique in this field.}	

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<b>Seaman`s Book &amp; Identify Docs</b>					
<b>DOCUMENT</b>	<b>COUNTRY</b>	<b>NUMBER</b>	<b>DATE OF ISSUE</b>	<b>PLACE OF ISSUE</b>	<b>DATE OF EXPIRY</b>
Seaman Book	Honduras	054550	27.01.2025	Azerbaijan	27.01.2030

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

Certificate of Competency	Honduras	C02292689	27.01.2025	Azerbaijan	21.07.2030
Republic of Azerbaijan	Azerbaijan	C02292689	31.05.2019	Azerbaijan	30.05.2029
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 &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
Minimum Standards of Competence in Security Awareness and Designated Security Duties	Honduras	C-024/CH-04674	HMTC	20.12.2024	-
Upgrading	Honduras	C-032/CH-00762	HMTC	20.12.2024	-
Proficiency in Survival Craft and Rescue Boats ( other than fast rescue boats )	Honduras	C-006/CH-07500	HMTC	20.12.2024	-
Minimum Standards of Competence in Ship Security Officer	Honduras	C-023/CH-07777	HMTC	2.12.2024	-
Radar/Arpa	Honduras	C-017/CH-01770	HMTC	20.12.2024	-
Leadership & Teamwork /Management Training	Honduras	C-019/CH-03252	HMTC	20.12.2024	-
Marine Environmental Awareness	Honduras	C-018/CH-07363	HMTC	20.12.2024	-
Minimum Standards of Competence in Medical Care	Honduras	C-003/CH-07434	HMTC	20.12.2024	-
GMDSS	Honduras	C-015/CH-26487	HMTC	20.12.2024	-
ECDIS( Electronic Chart Display Information System )	Honduras	C-013/CH-03267	HMTC	20.12.2024	-
Ship Handling Bridge Simulator	Honduras	C-010/CH-03254	HMTC	20.12.2024	-
Minimum Standards of Competence in Safety Familiarization /Basic Training	Honduras	C-001/ CH-10214	HMTC	20.12.2024	-
Minimum Standards of Competence in Advanced Fire Fighting	Honduras	C-002/CH-08483	HMTC	20.12.2024	-

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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**

Azerbaijan Language; Native  
English Language: B1(intermediate)

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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
<b>Vaccination</b>		
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: 17.02.2025

\_\_\_\_\_  
Signature

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