



UNITED ALLIANCE GROUP LTD
AZERBAIJAN BRANCH



APPLICATION FORM

1	Position	identity card PIN Number 7C7LYX0			
	Position Applied for:	Electro Technical Rating			
	Date Available from:	15.02.2024			

2	Personal Information	Gender: Male			
	First Name: AZER	Last Name: IBRAHIMOV			
	Date of Birth: 10.10.1999	Place of Birth (City and Country): Azerbaijan, AGHDAM			
	Email:azeribrahimov443@gmail.com	Mobile Number: (+994) 50 806 47 47			
	Permanent Adress:Aliaghali village , Aghdam, Azerbaijan	Expected Salary Per Month: 1800\$			
	Nationality: Azerbaijan	Alternative rank applying for: -			
	Person to call in emergency: (+994) 50 513 72 08 Father				

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Cavanshir	Ibrahimov	Male	Father	050 513 72 08

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	Azerbaijan State Marine Academy	Azerbaijan	2017	2021	Bachelor

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Physical Data

Height	180
Weight	100
Boilersuit Size	XXL
Shoes Size	42
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
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Seaman Book	Azerbaijan	DQK 023827		23.05.2023	Azerbaijan		23.05.2028
Certificate of Competency	Azerbaijan	RP10503		17.07.2021	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03298596		02.05.2023	Azerbaijan		01.05.2033
Republic of Panama	Panama	PA0441995		28.08.2023	Panama City		07.06.2028
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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Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA,BAKU	17.07.2021
Flag State Endorsements	Panama	Panama City	07.06.2028

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-2031-23	UAG	12.05.2023	05.05.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2031-23	UAG	12.05.2023	05.05.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-2031-23	UAG	12.05.2023	05.05.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2031-23	UAG	12.05.2023	05.05.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2031-23	UAG	12.05.2023	05.05.2028
International Safety Management	Azerbaijan	SP-1330-23	UAG	25.04.2023	25.04.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1462-23	UAG	25.04.2023	20.04.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-1215-23	UAG	10.05.2023	27.04.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1036-23	UAG	27.04.2023	26.04.2028

Ship Management
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Seagoing Experience	
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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

-

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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.CUNDA SHIPPING	2.-
Name of person to contact	Alovsat Nematov	-
Address	-	-
☎ No.	+905319775015	-

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Declaration

I hereby declare that the above particulars are true and authorise you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with my signature.

Date: 31.01.2024

Signature

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