



**UNITED ALLIANCE GROUP LTD**

**AZERBAIJAN BRANCH**



## APPLICATION FORM

1

<b>Position</b>	<b>identity card PIN Number 4WKY809</b>
<b>Position Applied for:</b>	Rating forming part of a navigational watch
<b>Date Available from:</b>	-

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: FAMIL</b>	<b>Last Name: ALASGAROV</b>	
Date of Birth: 12.10.1989	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: elesgerovfamil45@gmail.com	Mobile Number: (+994) 70 391 00 34	
Permanent Address: Qakh district, Aghcay district	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: Fitter	
Person to call in emergency: (+994) 70 993 92 98 Wife		

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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>
Salima	Alasgarova	Female	Wife	070 993 92 98

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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>
Kainat Maritime MMC	Azerbaijan	04.2023	11.2023	Course

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<b>Physical Data</b>	
Height	174
Weight	60
Boilersuit Size	S
Shoes Size	40
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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<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>

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 026445		17.01.2024	Azerbaijan		17.01.2029
Certificate of Competency	Azerbaijan	RP14141		20.12.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03303604		08.04.2023	Azerbaijan		07.04.2023
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	Place Issued	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
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-4479-23	UAG	28.08.2023	28.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4479-23	UAG	28.08.2023	28.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4479-23	UAG	28.08.2023	28.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4479-23	UAG	28.08.2023	28.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4479-23	UAG	28.08.2023	28.08.2028
International Safety Management	Azerbaijan	SP-2952-23	UAG	31.08.2023	29.08.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3303-23	UAG	05.09.2023	05.09.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2787-23	UAG	30.08.2023	30.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2328-23	UAG	31.08.2023	31.08.2028
Electric Gas Welder	Azerbaijan	MES-JV/13759	IST	20.09.2023	20.09.2026

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(Please give a full record starting with the last vessel on which you served)

[illegible]

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<b>11</b>	<b>For Engineers (Please provide details)</b>
Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

<b>12</b>	<b>Other Experience</b>
Azerbaijan Language : Native Turkish Language : Good	

<b>12</b>	<b>Travel Documents</b>																			
<table border="1"> <thead> <tr> <th>Name</th> <th>YES/NO</th> <th>Country</th> <th>Date pf Expire</th> </tr> </thead> <tbody> <tr> <td>Schengen</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>US</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>China</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>Australia</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> </tbody> </table>	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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US	YES/NO	NO	-																	
China	YES/NO	NO	-																	
Australia	YES/NO	NO	-																	

<b>13</b>	<b>Insurance, Health Related Documentation</b>	
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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<b>14</b>	<b>Medical history</b>	
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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<b>15</b>	<b>General</b>	
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: 05.03.2025

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Signature

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