



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 6ZT00A8
Position Applied for:	Officer in charge of an engineering watch
Date Available from:	-

2

Personal Information	Gender: Male
First Name: AGIL	Last Name: SADIGOV
Date of Birth: 26.01.2001	Place of Birth (City and Country): Azerbaijan, ZARDAB
Email: aqilsadiqov01@gmail.com	Mobile Number: (+994) 55 302 88 97
Permanent Address: Chermet settl, Narimanov district, S.Alasgarov, Baku	Expected Salary Per Month: 2500\$-3800\$
Nationality: Azerbaijan	Alternative rank applying for: Motorman
Person to call in emergency: (+994) 51 997 90 93 brother-in- law	

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Nuran	Karimli	Male	Brother-in -law	+994519979093

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2018	2022	Bachelor

5

Physical Data	
Height	175
Weight	85
Boilersuit Size	M
Shoes Size	43
Blood group	O(I)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

6

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 017695		09.06.2021	Azerbaijan		09.06.2026
Certificate of Competency	Azerbaijan	RP107719		09.12.2021	Azerbaijan		-
Certificate of Competency	Azerbaijan	0008361		16.12.2024	Azerbaijan		16.12.2029
Republic of Azerbaijan	Azerbaijan	C031180135		28.01.2020	Azerbaijan		27.01.2030
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				-			

7

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8

License

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-0959-21	SMPA	25.05.2021	05.04.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0959-21	SMPA	25.05.2021	05.04.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0959-21	SMPA	25.05.2021	05.04.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0959-21	SMPA	25.05.2021	05.04.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0959-21	SMPA	25.05.2021	05.04.2026
International Safety Management	Azerbaijan	SP-0694-21	SMPA	16.05.2021	07.04.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4193-23	SMPA	30.11.2023	30.11.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0390-21	SMPA	08.05.2021	09.04.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0795-24	SMPA	29.03.2024	Unlimited
Medical First Aid	Azerbaijan	SN-1044-24	SMPA	01.11.2024	Unlimited
Leadership & Teamwork	Azerbaijan	DL-0676-24	SMPA	18.11.2024	16.11.2029
Advanced Training in Fire Fighting	Azerbaijan	SJ-1118-24	SMPA	06.11.2024	04.11.2029
Dangerous, hazardous and harmful cargoes ;	Azerbaijan	SK-0883-24	SMPA	22.11.2024	22.11.2029
Crowd management training	Azerbaijan	SC-0252-23	SMPA	01.12.2023	01.12.2028
Engine resource management	Azerbaijan	ER-0362-24	SMPA	18.11.2024	18.11.2029
Crisis management and human behaviour training	Azerbaijan	SE-0138-24	SMPA	07.11.2024	Unlimited

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
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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 A.TOPCHUBAS HOV	Azerbaijan	Ro-Ro Cargo Ship	3985	-	11450	-	Probationer	26.07.2021	07.08.2021	12 days	End of Contract
ASCO	M/V MERCURI-1	Azerbaijan	Ro-Ro Cargo Ship	3985	-	11450	-	Probationer	08.07.2021	01.09.2021	1 month 24 days	End of Contract
ASCO	M/V B.G.GARAYEV	Azerbaijan	Ro-Ro Cargo Ship	4673	SKL	6884	-	Probationer	31.01.2022	24.05.2022	3 month 23 days	End of Contract
ASCO	M/V F.AMIROV	Azerbaijan	Ro-Ro Cargo Ship	4673	-	6894	-	Motorman	13.12.2023	30.03.2024	3 month	End of Contract
GAHURA SHIPPING AND TRAIING LTD	M/V GAHURA	Azerbaijan	General Cargo Ship	4175	Deutz	3564	-	Oiler	17.04.2024	12.06.2024	1 month 26 days	End of Contract
ASCO	M/V AGHDAM	Azerbaijan	Ro-Ro Cargo Ship	5946	B&W	8547	-	Motorman	10.07.2024	03.10.2024	2 months 23 days	End of Contract
ASCO	M/V SHAHDAG	Azerbaijan	Ro-Ro Cargo Ship	5946	MAN	8547	-	Motorman	30.01.2025	09.04.2025	2 months 10 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

Language
English Language : Pre-intermediate
Turkish Language : Good
Azerbaijan Language : Native

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)

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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)

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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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16

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.	-	-

17

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: 08.05.2025

Signature

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