



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 96L1A1A
Position Applied for:	Officer in charge of an engineering watch
Date Available from:	-

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Personal Information	Gender: Male
First Name: RASIF	Last Name: GURBANZADA
Date of Birth: 19.09.1998	Place of Birth (City and Country): Azerbaijan, LANKARAN
Email: rasifqurban1998@gmail.com	Mobile Number: (+994) 51 641 57 47
Permanent Address: Lankaran district , Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for:-
Person to call in emergency: (+994) 50 593 45 66 Father	

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Asif	Gurbanov	Male	Father	+994505934566

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Maritime College	Azerbaijan	2018	2021	Sub-Bachelor

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Physical Data	
Height	165
Weight	60
Boilersuit Size	S
Shoes Size	40
Blood group	AB(IV)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 Chemenezmenli 119c, Afen Plaza Business Center 5nd floor, apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

Seaman Book	Azerbaijan	DQK 020027		28.04.2022	Azerbaijan		28.04.2027
Certificate of Competency	Azerbaijan	0008195		22.05.2024	Azerbaijan		22.05.2029
Republic of Azerbaijan	Azerbaijan	C03724462		14.04.2022	Azerbaijan		13.04.2032
Seaman Book	Panama	PA0364135		14.03.2023	Panama		16.02.2028
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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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-0893-21	SMPA	18.05.2021	26.04.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0893-21	SMPA	18.05.2021	26.04.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0893-21	SMPA	18.05.2021	26.04.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0893-21	SMPA	18.05.2021	26.04.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0893-21	SMPA	18.05.2021	26.04.2026
International Safety Management	Azerbaijan	SP-0671-21	SMPA	16.05.2021	28.04.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0703-22	SMPA	04.04.2022	31.03.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0367-21	SMPA	08.05.2021	30.04.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0496-22	SMPA	08.04.2022	05.04.2027
Eugenie-room resource management	Azerbaijan	ER-0102-24	SMPA	02.04.2024	02.04.2029
Leadership & Teamwork	Azerbaijan	DL-0235-24	SMPA	05.04.2024	05.04.2029
Advanced Training in Fire Fighting	Azerbaijan	SJ-0329-24	SMPA	03.04.2024	01.04.2029
Medical First Aid	Azerbaijan	SN-0338-24	SMPA	29.03.2024	Unlimited

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

[illegible]

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11 For Engineers (Please provide details)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12 Other Experience

English Language: Average
Russian Language : B1

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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References *(Please give the name and address of your current or immediate past employer)*

Name of company	1.MEDKON LINES SHIPPING	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: 14.05.2025

Signature

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