



**UNITED ALLIANCE GROUP LTD**

**AZERBAIJAN BRANCH**



## APPLICATION FORM

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Position		identity card PIN Number 0WJUSNE
Position Applied for:	Master	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: AMRAH	Last Name: ABBASOV	
Date of Birth: 10.03.1962	Place of Birth (City and Country): Azerbaijan, SABIRABAD	
Email:-	Mobile Number: (+994) 50 328 69 10	
Permanent Address: A,Hagverdiyev str, Yasamal dist, Baku , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 55 720 71 96 Wife		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Irada	Abbasova	Female	Wife	+994557507196

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	1992	2002	Bachelor

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Physical Data	
Height	170
Weight	115
Boilersuit Size	64
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.}	

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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 Chemenzemenli 119c,Afen Plaza Business Center 5nd floor,apt 13 Email: crewing@unitedalliancegroup.com Tel: +994 51 277 19 31

Seaman Book	Azerbaijan	DQK 018807	01.02.2021	Azerbaijan	01.12.2026
Certificate of Competency	Azerbaijan	0001684	30.11.2021	Azerbaijan	27.05.2026
Republic of Azerbaijan	Azerbaijan	C02455361	30.05.2019	Azerbaijan	29.05.2029
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
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-0893-23	SMPA	23.02.2023	03.02.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0893-23	SMPA	23.02.2023	03.02.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-0893-23	SMPA	23.02.2023	03.02.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0893-23	SMPA	23.02.2023	03.02.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0893-23	SMPA	23.02.2023	03.02.2028
International Safety Management	Azerbaijan	SP-0404-24	SMPA	23.02.2024	23.02.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0656-23	SMPA	20.02.2023	09.02.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0959-21	SMPA	10.08.2021	06.07.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0639-21	SMPA	12.08.2021	08.07.2026
Ship Security Officer	Azerbaijan	SG-0206-21	SMPA	29.07.2021	12.07.2026
Leadership & Teamwork	Azerbaijan	DL-0107-23	SMPA	10.02.2023	02.02.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-0254-23	SMPA	23.02.2023	19.01.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0283-22	SMPA	17.05.2022	12.04.2027
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	SB-0080-23	SMPA	24.02.2023	16.02.2028
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Mumbai	C-MACC/GIRIK-CHEMCO-222-00041	MACC	14.06.2022	14.06.2027
Medical First Aid	Azerbaijan	SN-0591-21	SMPA	12.08.2021	07.07.2026
Medical Care	Azerbaijan	SM-0184-21	SMPA	16.07.2021	05.07.2026
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0358-21	SMPA	18.08.2021	18.08.2026
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SQ-0111-23	SMPA	17.02.2023	23.01.2028
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0117-23	SMPA	16.02.2023	03.02.2028
Bridge Resource Management	Azerbaijan	SW-0063-23	SMPA	08.02.2023	13.01.2028
Ship Handling and Maneuvering	Azerbaijan	SV-0017-24	SMPA	19.01.2024	19.01.2029
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0983-24	SMPA	20.12.2024	20.12.2029
Proficiency in Fast Rescue Boats	Azerbaijan	SU-0142-22	SMPA	19.05.2022	18.05.2027
Passenger safety, cargo safety and hull integrity training	Azerbaijan	SF-0005-25	SMPA	19.02.2025	Unlimited

Ship Management  
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Ship Agency  
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Provision, Ship Supply

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Technical Management  
Ship Brokering  
Surveying & Monitoring  
New Building & Repair

Sale & Purchasing  
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Exclusive Cargo Brokering  
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Technical Services

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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**

2014-Head of Maritime Safety in the Transport Fleet at Caspian Sea Shippig Company  
 2015- Head of LIRIT and VTS within ASMA  
 2015-2021 november- Head of the Sea Navigation Safety Center under the ASMA  
 2021 december 2025 – United Alliance Group Ltd – Training Center Inspector

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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: 21.05.2025

\_\_\_\_\_  
Signature

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