



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 0UD01Z6
Position Applied for:	Able Seafarer Engine
Date Available from:	-

2

Personal Information		Gender: Male
First Name: ZAUR	Last Name: ASGAROV	
Date of Birth: 19.02.1982	Place of Birth (City and Country): Azerbaijan , SUMGAIT	
Email:-	Mobile Number: (+994) 55 655 78 02	
Permanent Address: Sumgait city, 18 mkr , Home 93	Expected Salary Per Month: 1400\$-1500\$	
Nationality: Azerbaijan	Alternative rank applying for:-	
Person to call in emergency: (+994) 50 4788461 Father		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Mammadali	Asgarov	Male	Father	+994504788461

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat Maritime MMX	Azerbaijan	07.2019	01.2020	Course

5

Physical Data	
Height	165
Weight	78
Boilersuit Size	XL
Shoes Size	41
Blood group	A(II)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 027533		07.04.2024	Azerbaijan		07.04.2029
Certificate of Competency	Azerbaijan	RP10093		11.05.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03144879		13.08.2020	Azerbaijan		12.082030
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	Certificate Number	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	Russia	033234	NCC	19.05.2025	19.05.2030
FIRE PREVENTION & FIRE FIGHTING	Russia	033234	NCC	19.05.2025	19.05.2030
ELEMENTARY FIRST AID	Russia	033234	NCC	19.05.2025	19.05.2030
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Russia	033234	NCC	19.05.2025	19.05.2030
SAFETY FAMILIARIZATION TRAINING	Russia	033234	NCC	19.05.2025	19.05.2030
International Safety Management	Russia	033237	NCC	26.05.2025	26.05.2030
Proficiency in Survival Craft & Rescue Boats	Russia	033235	NCC	13.05.2025	13.05.2030
Security Awareness Training For All Seafarers	Russia	033238	NCC	20.05.2025	20.05.2030
Security Training For Seafarers With Designated Security Duties	Russia	033236	NCC	15.05.2025	15.05.2030

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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

-

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)

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)

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. SEA PRINCESS MARINE LTD	2.-
Name of person to contact	-	-
Address	Kempinski Residence Astoria Istanbul CD	-
☎ No.	+90 541 324 55 37	-

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: 01.07.2025

Signature

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