



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>		<b>identity card PIN Number 0X3EG48</b>
<b>Position Applied for:</b>	Officer in charge of an Engineering Watch	
<b>Date Available from:</b>	-	

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: ZAUR</b>	<b>Last Name: ASGAROV</b>	
Date of Birth: 05.06.1980	Place of Birth (City and Country): Azerbaijan, ALI-BAYRAMLI	
Email: epsilon20220515@gmail.com	Mobile Number: (+90) 552 806 89 68 ; (+994) 77 516 70 55	
Permanent Address: Shirvan district , Mehmandarov street, Azerbaijan	Expected Salary Per Month: 2900\$-3000\$	
Nationality: Azerbaijan	Alternative rank applying for: 2 <sup>ND</sup> Eng	
<b>Person to call in emergency: (+994) 55 423 46 02 Mother</b>		

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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>
Esmira	Asgarova	Female	Mother	+994554234602

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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>
Volga State Marine Academy	Russia	2015	2022	Bachelor

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<b>Physical Data</b>	
Height	175
Weight	89
Boilersuit Size	XL
Shoes Size	43
Blood group	A(II)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 016245		18.08.2020	Azerbaijan		18.08.2025
Certificate of Competency	Azerbaijan	ASF207726566		03.07.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02324270		25.09.2019	Azerbaijan		24.09.2029
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 & Trainings**

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
Proficiency in survival craft and rescue boats Other than fast rescue boats	Russia	2040190	MRT	21.10.2022	21.10.2027
Basic safety training	Russia	2020262	MRT	19.10.2022	19.10.2027
Advanced fire fighting in accordance with the paragraphs	Russia	2021219	MRT	28.10.2022	28.10.2027
Security training for seafarers with designated security duties	Russia	2047036	MRT	07.12.2022	07.12.2027
Medical First Aid	Russia	2041324	MRT	01.12.2022	01.12.2027
Training to High Voltage Electricity	Russia	0000016	STC	15.06.2023	15.06.2028
Leadership and teamwork	Russia	00000214	STC	21.06.2023	21.06.2028
Ship safety officer	Russia	00000330	STC	13.06.2023	13.06.2028
Engine team resource management	Russia	00000635	STC	16.06.2023	16.06.2028

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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**

Russian Language : Good  
 Azerbaijan Language : Excellent  
 English Language : Average

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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	YES
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: 18.07.2024

\_\_\_\_\_  
Signature

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