



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 1P9ZAYW
Position Applied for:	Officer in charge of a navigational watch
Date Available from:	-

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Personal Information		Gender: Male
First Name: ILGAR	Last Name: ISMAYILOV	
Date of Birth: 30.09.1986	Place of Birth (City and Country): Russian Federation , ROSTOV	
Email: ilqar.ismayilov86@gmail.com	Mobile Number: (+994) 55 400 08 07	
Permanent Address: M.Rustamov str, Khatai dist , Baku, Azerbaijan	Expected Salary Per Month:	
Nationality: Azerbaijan	Alternative rank applying for:	
Person to call in emergency: (+994) 50 521 10 11 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Sakhavat	Ismayilov	Male	Father	+99450521 10 11

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2019	2021	Bachelor

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Physical Data	
Height	180
Weight	86
Boilersuit Size	XL
Shoes Size	42
Blood group	A(II)ER+
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 029264		08.08.2024	Azerbaijan		08.08.2029
Certificate of Competency	Azerbaijan	0008358		11.12.2024	Azerbaijan		11.12.2029
Certificate of Competency	Azerbaijan	RP09571		21.06.2019	Azerbaijan		21.06.2029
Republic of Azerbaijan	Azerbaijan	C02051471		20.06.2018	Azerbaijan		19.06.2028
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-2921-24	SMPA	30.07.2024	26.07.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2921-24	SMPA	30.07.2024	26.07.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-2921-24	SMPA	30.07.2024	26.07.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2921-24	SMPA	30.07.2024	26.07.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2921-24	SMPA	30.07.2024	26.07.2029
International Safety Management	Azerbaijan	SP-1682-24	SMPA	24.05.2024	24.05.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2258-24	SMPA	08.07.2024	04.07.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-3564-24	SMPA	09.09.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0314-24	SMPA	31.01.2024	31.01.2029
Dangerous , hazardous and harmful cargoes	Azerbaijan	SK-1004-25	SMPA	31.07.2025	30.07.2030
Leadership & Teamwork	Azerbaijan	DL-0065-24	SMPA	30.01.2024	26.01.2029
Advanced Training in Fire Fighting	Azerbaijan	SJ-0725-24	SMPA	28.06.2024	28.06.2029
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0398-25	SMPA	08.08.2025	08.08.2030
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	SB-0128-25	SMPA	20.08.2025	20.08.2030
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan	AS-0044-25	SMPA	28.08.2025	28.08.2030
Medical First Aid	Azerbaijan	SN-1843-23	SMPA	15.12.2023	15.12.2028
Medical Care	Azerbaijan	SM-0187-25	SMPA	12.09.2025	Unlimited
Global Maritime Distress and Safety System general operator	Azerbaijan	SZ-0100-21	SMPA	29.03.2021	12.03.2026
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SR-0018-21	SMPA	11.03.2021	11.03.2026
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	DQ-0103-21	SMPA	30.03.2021	10.03.2026
Bridge Resource Management	Azerbaijan	SW-0537-23	SMPA	07.12.2023	07.12.2028
Ship Handling and Maneuvering	Azerbaijan	SV-0241-25	SMPA	10.09.2025	03.09.2030

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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

Azerbaijan Language ; Native
 Russian language : Good
 English Language : Intermediate

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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
Vaccination		
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: 25.09.2025

Signature

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