



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 0W0W20Y
Position Applied for:	Boatswain
Date Available from:	-

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Personal Information		Gender: Male
First Name: MAMMAD	Last Name: IBRAHIMOV	
Date of Birth: 14.05.1962	Place of Birth (City and Country): Armenia, AZIZBAYOV	
Email: Emrahibrahimov3@gmail.com	Mobile Number: (+994) 77 332 95 89	
Permanent Address: Lokbatan settl, Garadag dist, Baku, Azerbaijan	Expected Salary Per Month:-	
Nationality: Azerbaijan	Alternative rank applying for: Fitter	
Person to call in emergency: (+994) 51 917 38 19 Son		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Amrah	Ibrahimov	Male	Son	+994519173819

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
-	-	-	-	-

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Physical Data	
Height	177
Weight	82
Boilersuit Size	XL
Shoes Size	43
Blood group	B(III)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
Seaman Book	Azerbaijan	DQK 032453	18.09.2025	Azerbaijan	18.09.2030

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

Certificate of Competency	Azerbaijan	RP04204	01.02.2021	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C03376675	27.08.2021	Azerbaijan	26.08.2031
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 Safety & Social Responsibilities	Panama	TC-04-PSSR-00522	UAG	23.09.2025	25.09.2030
Proficiency in Personal Survival Techniques	Panama	TC-02-PST-00572	UAG	29.09.2025	10.09.2030
Proficiency in Personal Survival Craft and Rescue Boats Other Than Fast Rescue Boats	Panama	TC-08-PSCRB-00146	UAG	29.09.2025	06.09.2030
Security Awareness Training for All Seafarers	Panama	TC-05-SSA-00311	UAG	29.09.2025	11.09.2030
Fire Prevention & Fire Fighting	Panama	TC-03-FPFF-00474	UAG	29.09.2025	23.09.2030
Elementary First Aid	Panama	TC-01-EFA-00501	UAG	29.09.2025	04.09.2030
Advanced Training in Fire Fighting	Panama	TC-10-AFF-00033	UAG	29.09.2025	18.09.2030
Medical First Aid	Azerbaijan	SN-0522-25	SMPA	1609.2025	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1410-25	SMPA	16.09.2025	Unlimited
International Safety Management	Azerbaijan	SP-1582-25	SMPA	24.09.2025	24.09.2030

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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
 Turkish Language : Good
 Russian Language : Good

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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	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: 22.10.2025

Signature

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