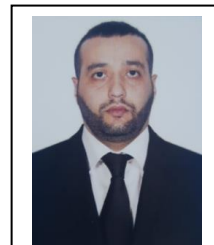




UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position		identity card PIN Number 5H63HZJ
Position Applied for:	Rating forming part of a navigational watch	
Date Available from:	01.01.2024	

2

Personal Information		Gender: Male
First Name: ELVIN	Last Name: HASANOV	
Date of Birth: 20.03.1992	Place of Birth (City and Country): Azerbaijan, JALILABAD	
Email: elcinhesenli39@gmail.com	Mobile Number: (+994) 77 528 24 24	
Permanent Address: Jalilabad d, Goytepe c, Qurtulush street, home 01	Expected Salary Per Month: 1000\$	
Nationality: Azerbaijan	Alternative rank applying for: Rating forming part of a navigational watch	
Person to call in emergency: (+994) 077 760 85 61 Father		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Tevekkul	Hasanov	Male	Father	077 760 85 61

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
IST Service	Azerbaijan	04.2023	10.2023	Course

5

Physical Data	
Height	174
Weight	98
Boilersuit Size	XXL
Shoes Size	42
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

Seamens 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	DQK026024	09.12.2023	Azerbaijan	09.12.2028
Republic of Azerbaijan	Azerbaijan	C01209033	18.05.2015	Azerbaijan	17.05.2025
Certificate of Competency	Azerbaijan	RP14007	01.12.2023	Azerbaijan	-
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

Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA, BAKU	01.12.2023
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-3404-23	UAG	13.07.2023	13.06.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3404-23	UAG	13.07.2023	13.06.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-3404-23	UAG	13.07.2023	13.06.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3404-23	UAG	13.07.2023	13.06.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3404-23	UAG	13.07.2023	13.06.2028
International Safety Managment	Azerbaijan	SP-2348-23	UAG	21.07.2023	21.06.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2381-23	UAG	14.07.2023	19.06.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2094-23	UAG	11.07.2023	14.06.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1972-23	UAG	27.07.2023	23.06.2028

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(Please give a full record starting with the last vessel on which you served)

[illegible]

- Ship Management
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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)

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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)

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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.-	2.
Name of person to contact	-	
Address	-	
☎ No.	-	

17

Declaration

I hereby declare that the above particulars are true and authorise you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with my signature.



Signature

Date: 22.12.2023

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