



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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| Position | | identity card PIN Number 4TBHH20 |
|-----------------------|---|----------------------------------|
| Position Applied for: | Rating forming part of an engine-room watch | |
| Date Available from: | 01.01.2024 | |

2

| Personal Information | | Gender: Male |
|---|--|--------------|
| First Name: ELCHIN | Last Name: KHALILOV | |
| Date of Birth: 28.03.1985 | Place of Birth (City and Country): Azerbaijan, SUMGAIT | |
| Email: elcinxelilov712@gmail.com | Mobile Number: (+994) 55 623 09 89 | |
| Permanent Address: Xacmaz d, Topchubashov home 3 | Expected Salary Per Month: 1200\$ | |
| Nationality: Azerbaijan | Alternative rank applying for: Rating forming part of an engine- room watch | |
| Person to call in emergency: (+994) 55 573 98 55 Father | | |

3

| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
|---|-----------|--------|----------|---------------|
| First Name | Last Name | Gender | Relation | Contact |
| Nizami | Khalilov | Male | Father | 055 573 98 55 |
| | | | | |

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| Maritime Education | | | | |
|--------------------|------------|---------|---------|---------------------------|
| Name of school | Country | From | To | Type of degree or diploma |
| KAINAT-M TM LLC | Azerbaijan | 04.2019 | 10.2019 | Course |
| | | | | |

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| Physical Data | |
|---|-----------|
| Height | 170 |
| Weight | 74 |
| Boilersuit Size | XL |
| Shoes Size | 42 |
| Blood group | AB(IV)RH+ |
| Additional Physical Information: {You can write any other information you want to add about your physique in this field.} | |

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| Seamens Book & Identify Docs |
|------------------------------|
|------------------------------|

Ship Management
ISM&ISPS Management
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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

| DOCUMENT | COUNTRY | NUMBER | DATE OF ISSUE | PLACE OF ISSUE | DATE OF EXPIRY |
|--|------------|------------|---------------|----------------|----------------|
| Seaman Book | Azerbaijan | DQK 014692 | 13.07.2019 | Azerbaijan | 13.07.2024 |
| Certificate of Competency | Azerbaijan | RP09951 | 17.12.2019 | Azerbaijan | 17.12.2024 |
| Republic of Azerbaijan | Azerbaijan | C01727553 | 15.03.2018 | Azerbaijan | 14.03.2028 |
| 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 | | | - | | |

7

Professional Test

| Professional Test Date | Name of Test | Score |
|------------------------|--------------|-------|
| - | - | - |
| | | |
| | | |

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Licences

| Name | Issuing Country | Place Issued | Valid Until |
|---|-----------------|--------------|-------------|
| National endorsement of certificate of competency (if issued) | Azerbaijan | ASMA, BAKU | 17.12.2024 |
| 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-2889-19 | UAG | 27.11.2019 | 27.11.2024 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-2889-19 | UAG | 27.11.2019 | 27.11.2024 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-2889-19 | UAG | 27.11.2019 | 27.11.2024 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-2889-19 | UAG | 27.11.2019 | 27.11.2024 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-2889-19 | UAG | 27.11.2019 | 27.11.2024 |
| International Safety Managment | Azerbaijan | SP-1701-19 | UAG | 23.11.2019 | 23.11.2024 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-1468-19 | UAG | 27.11.2019 | 27.11.2024 |
| Security Awareness Training For All Seafarers | Azerbaijan | SI-2485-19 | UAG | 21.11.2019 | 21.11.2024 |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | | UAG | | |

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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

-

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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 authorise you to contact the referees listed above.

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



Signature

Date: 25.12.2023

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