



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 554QRW7</b>
<b>Position Applied for:</b>	Chief Mate
<b>Date Available from:</b>	01.08.2024

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<b>Personal Information</b>	<b>Gender: Male</b>
<b>First Name: KAMRAN</b>	<b>Last Name: NURULLAYEV</b>
Date of Birth: 27.07.1991	Place of Birth (City and Country): Azerbaijan, NEFTCHALA
Email: Nurullayev123@gmail.com	Mobile Number: (+994) 55 907 52 29
Permanent Address: Neftchala district, Yalchin Hacıyev street, Home 10	Expected Salary Per Month: 5000\$
Nationality: Azerbaijan	Alternative rank applying for:
<b>Person to call in emergency: (+994) 55 326 26 40 Brother</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>
Oekhan	Nurullayev	Male	Brother	+994553262640

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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>
Azerbaijan State Marine Academy	Azerbaijan	2008	2012	Bachelor

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<b>Physical Data</b>	
Height	177
Weight	93
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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<b>Seaman's Book &amp; Identify Docs</b>
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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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 024657		11.08.2023	Azerbaijan		11.08.2028
Certificate of Competency	Azerbaijan	0006406		09.02.2021	Azerbaijan		09.02.2026
Republic of Azerbaijan	Azerbaijan	C04130477		27.11.2023	Azerbaijan		26.11.2033
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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## Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA, BAKU	09.02.2026
Flag State Endorsements	-	-	-

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## STCW Certificates &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-4422-23	UAG	23.08.2023	14.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4422-23	UAG	23.08.2023	14.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4422-23	UAG	23.08.2023	14.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4422-23	UAG	23.08.2023	14.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4422-23	UAG	23.08.2023	14.08.2028
International Safety Management	Azerbaijan	SP-0013-21	UAG	15.01.2021	15.01.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3136-23	UAG	21.08.2023	21.08.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-2608-23	UAG	17.08.2023	11.08.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0772-20	UAG	01.12.2020	20.11.2025
Ship Security Officer	Azerbaijan	SG-0269-20	UAG	03.12.2020	27.11.2025
Leadership & Teamwork	Azerbaijan	DL-0664-23	UAG	15.08.2023	15.08.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-1039-23	UAG	16.08.2023	16.08.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan		UAG		
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan		UAG		
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan		UAG		
Medical First Aid	Azerbaijan	SN-0526-20	UAG	04.12.2020	13.11.2025
Medical Care	Azerbaijan	SM-0180-20	UAG	27.11.2020	18.11.2025
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0241-20	UAG	08.12.2020	08.12.2025
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan		UAG		
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0366-20	UAG	27.11.2020	25.11.2025
Bridge Resource Management	Azerbaijan	SW-0337-20	UAG	07.12.2020	07.12.2025
Ship Handling and Maneuvering	Azerbaijan	SV-0223-20	UAG	30.11.2020	30.11.2025

Ship Management  
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Yacht Management  
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Surveying & Monitoring  
New Building & Repair

Sale & Purchasing  
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Exclusive Cargo Brokering  
Bunker Supply  
Technical Services

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

[illegible]

- Ship Management
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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
<b>Vaccination</b>		
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.

Date: 26.01.2024

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Signature

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