



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 6FCJR9J
Position Applied for:	Second Engineer
Date Available from:	01.03.2024

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Personal Information		Gender: Male
First Name: SAMIR	Last Name: LATIFOV	
Date of Birth: 06.10.1996	Place of Birth (City and Country): Azerbaijan, UJAR	
Email: 2.letifov746@gmail.com	Mobile Number: (+994) 55 217 22 17	
Permanent Adress:Ujar district, Qaziqumag village	Expected Salary Per Month: 5000\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 961 85 42 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Latif	Latifov	Male	Father	+994509618542

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

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Physical Data	
Height	183
Weight	78
Boilersuit Size	L
Shoes Size	44
Blood group	O(II)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
-	-	-	-	-	-

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

Republic of Azerbaijan	Azerbaijan	C00968907		16.05.2016	Azerbaijan		15.05.2026
Republic of Honduras	Honduras	039337		09.05.2023	Honduras		09.05.2028
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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Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Honduras	Honduras City	09.05.2028
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	Honduras	C-001/ CH-05274	HMTC	21.04.2023	21.04.2028
FIRE PREVENTION & FIRE FIGHTING	Honduras	C-001/ CH-05274	HMTC	21.04.2023	21.04.2028
ELEMENTARY FIRST AID	Honduras	C-001/ CH-05274	HMTC	21.04.2023	21.04.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Honduras	C-001/ CH-05274	HMTC	21.04.2023	21.04.2028
SAFETY FAMILIARIZATION TRAINING	Honduras	C-001/ CH-05274	HMTC	21.04.2023	21.04.2028
Upgradig	Honduras	C-034/CH-00007	HMTC	21.04.2023	21.04.2028
Proficiency in Survival Craft & Rescue Boats	Honduras	C-006/CH-03806	HMTC	21.04.2023	21.04.2028
Security Awareness Training For All Seafarers	Honduras	C-024/CH-03145	HMTC	21.04.2023	21.04.2028
Security Training For Seafarers With Designated Security Duties	Honduras	C-024/CH-03145	HMTC	21.04.2023	21.04.2028
1000v	Honduras	C-030/CH-01960	HMTC	21.04.2023	21.04.2028
Leadership & Teamwork	Honduras	C-020/CH-02073	HMTC	21.04.2023	21.04.2028
Advanced Training in Fire Fighting	Honduras	C-002/CH-03851	HMTC	21.04.2023	21.04.2028
Erm/ Engine Simulator	Honduras	C-029/CH-01962	HMTC	21.04.2023	21.04.2028
Minimum Standards of Competence Ship Security Officer	Honduras	C-023/CH-03874	HMTC	21.04.2023	21.04.2028
Marine Environmental Awareness	Honduras	C-018/ CH-03778	HMTC	21.04.2023	21.04.2028
Medical First Aid	Honduras		HMTC		
Medical Care	Honduras	C-003/CH-03783	HMTC	21.04.2023	21.04.2028

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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.Gamma Shipping	2.-
Name of person to contact	Erkan Kabaca	-
Address	-	-
☎ No.	+905426472525	-

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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: 24.01.2024

Signature

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