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## APPLICATION FORM

1	Position	identity card PIN Number 2GUUEEW
	Position Applied for:	Second Engineer
	Date Available from:	-

Gender: Male 2 **Personal Information** First Name: NURADDIN Last Name: ULUKHANOV Date of Birth: 06.03.1994 Place of Birth (City and Country): Azerbaijan, BALAKAN Email: Ulukhanovn@mail.ru Mobile Number: (+994) 50 600 60 93 **Expected Salary Per Month:** Permanent Address: Baku city, Mirali 4500\$ Qashgayev 150, Home 35 Nationality: Azerbaijan Alternative rank applying for: -Person to call in emergency: (+994) 50 270 69 62 Mother

Family Details: (If Unmarried kindly give details of Father / Mother) Gender Relation First Name Last Name Contact 0502706962 Matanat Mammadova Female Mother

**Maritime Education** Type of degree or Name of school **Country** From To diploma Azerbaijan State Azerbaijan 2011 2015 Bachelor Marine Academy

**Physical Data** 178 Height 80 Weight XXL **Boilersuit Size** 43 Shoes Size A(II)RH+ Blood group Additional Physical Information: (You can write any other information you want to add about your physique in this field.)

Seaman's Book & Identify Docs

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Yacht Management Technical Management **Ship Brokering** Surveying & Monitoring New Building & Repair

Sale & Purchasing **Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services** 

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE	OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 023341		19.04.2023	Azerbaijan		19.04.2028
Certificate of Competency	Azerbaijan	0006734		17.02.2020	Azerbaijan		17.02.2025
Republic of Azerbaijan	Azerbaijan	C03304323		17.03.2023	Aze	rbaijan	16.03.2033
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vi	YES/NO NO		Issue Date:	- Expiry		Date:-	
Have you been rejec	ted for any visa ap		YES/NO	NO	•		
If YES, please state	the country and rea	sons		-			

7 Professional Test

<b>Professional Test Date</b>	Name of Test	Score
-	-	-

8 License

Name	Issuing Country	Place Issued	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 SURVIVAL TECHNICS	Azerbaijan	SO-1261-22	UAG	29.03.2022	29.03.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1261-22	UAG	29.03.2022	29.03.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-1261-22	UAG	29.03.2022	29.03.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1261-22	UAG	29.03.2022	29.03.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1261-22	UAG	29.03.2022	29.03.2027
International Safety Management	Azerbaijan	SP-2263-22	UAG	28.07.2022	28.07.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3054-22	UAG	30.09.2022	23.09.2027
Security Awareness Training For All Seafarers	Azerbaijan		UAG		
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1310-22	UAG	14.07.2022	14.07.2027
Proficiency in Fast Rescue Boats	Azerbaijan	SU-0121-20	UAG	06.10.2020	30.09.2025
Leadership & Teamwork	Azerbaijan	DL-1158-22	UAG	21.07.2022	20.07.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0506-23	UAG	18.04.2023	14.04.2028
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan	ER-0572-22	UAG	20.09.2022	20.09.2027
Maintenance of the DP System	Azerbaijan	DPM001/20	ASCO	11.02.2020	13.02.2020

Tel: +994 51 277 19 31

## **Seagoing Experience**

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

COMPANY	Name of vessel	Flag	Vessel 's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
CMS	ANDOQA	Azerbaijan	Type AHTS	4513	MAK	1155	-	Motorman	2018	-	-	-
CMS	AURA	Azerbaijan	Tanker	_	NIIAGATA		/-/	4 <sup>th</sup> Engineer	_	_	_	-
CMS	ZİRA	Azerbaijan	-	-	WARTSIL	N NI	7	3 <sup>Rd</sup> Engineer	-	-	-	-
CMS	MARDAKAN	Azerbaijan	-	-/	8NVD48A- 2U	A P	-	2 <sup>ND</sup> Engineer	-	2022	-	-
CMS	BUNKEROVS HİK-7	Azerbaijan	-		YANMAR	3733	-		-	-	-	-
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							35		17			
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						ULA						
						90	597					

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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

Generators					
Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
Travel Documents					
Name		YES/NO	Country	Date	pf Expire
Schengen		YES/NO	NO		-
US China		YES/NO	NO NO		-
Australia		YES/NO YES/NO	NO		-
1 rastratia		I LO/NO		1	
Insurance, Health Related	Documentation				
Medical Certificate (Fit for D	uty)			YES/NO	Y
,		Vaccina	ation		
Yellow Fever				YES/NO	N
COVID-19				YES/NO	Y
e answer is YES to any of the	above, please giv	e full details and at	tach a separate page if n	necessary)	
e answer is YES to any of the	above, please giv	e full details and at	tach a separate page if n	necessary)	
e answer is YES to any of the  Medical history	above, please giv	e full details and at	tach a separate page if n	necessary)	
			tach a separate page if n	recessary)	
Medical history  Have you ever signed off a s  Have you undergone any op	ship due to medica	al reasons?		YES/NO YES/NO	N
Medical history  Have you ever signed off a see Have you undergone any op Have you consulted a doctory	ship due to medica peration in the past r during the last 12	al reasons? ?? 2 months for an illne		YES/NO YES/NO YES/NO	N
Medical history  Have you ever signed off a service Have you undergone any open Have you consulted a doctor Do you have any health or do	ship due to medica peration in the past r during the last 12 isability problems	al reasons? ?? 2 months for an illne		YES/NO YES/NO YES/NO YES/NO	N N
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Medical history  Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subj	ship due to medical peration in the past of during the last 12 disability problems is regularly?  In the above, part of the above, part of the above is ect of a court of entitional license susp	Il reasons? ?? ? months for an illne now? lease give full detai	ess/accident?  Is and attach a separate  a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	/) //

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16	References (Please give the r	ame and address of your current or immediate pa	ast employer)
	Name of company	1 4	

Name of company	1	2
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

47	Declaration
17	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:	08.02.2014
Signature	_	

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