



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 4P53EH9
Position Applied for:	Second Engineer
Date Available from:	22.02.2024

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Personal Information	Gender: Male
First Name: KHALIL	Last Name: KHALILOV
Date of Birth: 23.07.1990	Place of Birth (City and Country): Russian Federation, MOSCOW
Email: xalil.xalilov.90@mail.ru	Mobile Number: (+994) 50 234 39 33 ; +994 12 454 45 46; 077 354 45 46
Permanent Address: 52 Azizbayov street , Mardakan stell, Baku, Azerbaijan	Expected Salary Per Month: 5000\$
Nationality: Azerbaijanian	Alternative rank applying for: -
Person to call in emergency: (+7) 92 657 90 968 Father	

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Jafar	Khalilov	Male	Father	+7 92 657 90 968

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2007	2011	Bachelor

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Physical Data	
Height	177
Weight	90
Boilersuit Size	XXL
Shoes Size	44
Blood group	B(III)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

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

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Seaman`s Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK		-	Azerbaijan		
Certificate of Competency	Azerbaijan	006018		07.07.2023	Azerbaijan		07.07.028
Republic of Azerbaijan	Azerbaijan	C03981168		24.05.2022	Azerbaijan		23.05.2032
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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License

Name	Issuing Country	Certificate Number	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 TECHNIQS	Azerbaijan	SO-5354-23	SOCAR	20.11.2023	17.11.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5354-23	SOCAR	20.11.2023	17.11.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5354-23	SOCAR	20.11.2023	17.11.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5354-23	SOCAR	20.11.2023	17.11.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5354-23	SOCAR	20.11.2023	17.11.2028
International Safety Management	Azerbaijan		SOCAR		
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4195-23	SOCAR	30.11.2023	24.11.2028
Security Awareness Training For All Seafarers	Azerbaijan		SOCAR		
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0082-23	SOCAR	18.01.2023	18.01.2028
Leadership & Teamwork	Azerbaijan	DL-0104-23	SOCAR	10.02.2023	02.02.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-1499-23	SOCAR	01.12.2023	30.01.2028
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan	ER-0041-23	SOCAR	21.02.2023	13.01.2028

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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)*

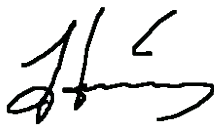
Name of company	1. CMS	2.-
Name of person to contact	Maharramov Emil	-
Address	-	-
☎ No.	+ 994 55 519 48 24	-

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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.



Signature

Date: 21.02.2024

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