



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 7M23TR6
Position Applied for:	Rating forming part of an Engine-Room Watch	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: HUSEYN	Last Name: JAVADOV	
Date of Birth: 13.01.2002	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: Kamil_hesenov@mail.ru	Mobile Number: (+994) 70 612 23 62 ; +994708340708	
Permanent Address: Surakhani district, Amircan setl, M.Seyidzada street , Home 1e	Expected Salary Per Month: 1000\$	
Nationality: Azerbaijanian	Alternative rank applying for:	
Person to call in emergency: (+994) 51 409 82 17 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Jamal	Javadov	Male	Father	+994 51 409 82 17

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat Maritime MMC	Azerbaijan	05.2022	12.2022	Course

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Physical Data	
Height	165
Weight	-
Boilersuit Size	XL
Shoes Size	41
Blood group	A(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
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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 022432		13.01.2023	Azerbaijan		13.01.2028
Certificate of Competency	Azerbaijan	RP12154		05.01.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan				Azerbaijan		
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-4452-22	UAG	29.09.2022	15.09.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4452-22	UAG	29.09.2022	15.09.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-4452-22	UAG	29.09.2022	15.09.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4452-22	UAG	29.09.2022	15.09.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4452-22	UAG	29.09.2022	15.09.2027
International Safety Management	Azerbaijan	SP-3394-26	UAG	13.10.2023	13.10.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3073-22	UAG	30.09.2022	08.09.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-2416-22	UAG	29.09.2022	27.09.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2737-23	UAG	06.10.2023	06.10.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0903-23	UAG	31.10.2023	27.10.2028

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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	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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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 authorize you to contact the referees listed above.
I have read it, I am familiar with it, I confirm with my signature.

Signature

Date: 23.02.2024

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