

**UNITED ALLIANCE GROUP LTD****AZERBAIJAN BRANCH**

APPLICATION FORM

1

Position	identity card PIN Number 58735331432
Position Applied for:	Boatswain
Date Available from:	-

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Personal Information		Gender: Male
First Name: NECATI	Last Name: KETENCI	
Date of Birth: 01.08.1967	Place of Birth (City and Country): Turkey , CAYELI	
Email:-	Mobile Number: (+90) 537 214 37 54	
Permanent Address: Yaka Setll, Cayeli , Rize	Expected Salary Per Month:2000\$	
Nationality: Turkish	Alternative rank applying for: -	
Person to call in emergency: 0539 783 74 20 Wife		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Gonul	Ketenci	Feamale	Wife	0539 783 74 20

4

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

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Physical Data	
Height	176
Weight	90
Boilersuit Size	XL
Shoes Size	43
Blood group	A+
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
Seaman Book	Turkey	S00313690	04.01.2021	Turkey	04.01.2026

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 Cemenzenenli 119c,Afen Plaza Business Center 5nd floor,apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

Certificate of Competency	Turkey	10595693	04.01.2021	Turkey	04.01.2026
Republic of Turkey	Turkey	U26233957	30.03.2022	Turkey	30.03.2025
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
Security Awareness Certificate	Turkey	11089676	TR	13.12.2018	-
Designated Security Duties Certificate	Turkey	11089675	TR	13.12.2018	-
Security- Related Familiarization	Turkey	11089677	TR	13.12.2018	-
Navigational Watchkeeping Certificate	Turkey	11089678	TR	13.12.2018	-
Personal Survival Techniques Training Certificate	Turkey	11696948	TR	13.09.2021	13.09.2026
Personal Safety and Social Responsibility Training Certificate	Turkey	11696949	TR	13.09.2021	13.09.2026
Elementary First Aid Training Certificate	Turkey	11696950	TR	13.09.2021	13.09.2026
Fire Prevention and Fire Fighting Training Certificate	Turkey	11696951	TR	13.09.2021	13.09.2026
Proficiency in survival craft and Rescue Boats (Other Than Fast Rescue Boats)	Turkey	11696947	TR	13.09.2021	13.09.2026

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

[illegible]

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11 For Engineers (Please provide details)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12 Other Experience

-

12 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	-

13 Insurance ,Health Related Documentation

Medical Certificate (Fit for Duty)	YES/NO	YES
Vaccination		
Yellow Fever	YES/NO	YES
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)

14 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)

15 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.

Date: 01.03.2024

Signature

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