



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH

APPLICATION FORM

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Position		identity card PIN Number 62F36HY	
Position Applied for:		Chief Engineer	
Date Available from:		-	

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Personal Information		Gender: Male	
First Name: JAMAL		Last Name: HEYDAROV	
Date of Birth: 10.11.1994		Place of Birth (City and Country): Azerbaijan , SUMGAIT	
Email:-		Mobile Number: (+994) 55 537 82 81	
Permanent Address: Sumgait city, neighborhood 4, Home 22A/13		Expected Salary Per Month: 4500\$-5000\$	
Nationality: Azerbaijan		Alternative rank applying for: Second Engineer	
Person to call in emergency: (+994) 77 533 31 33 Brother			

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Kamal	Heydarov	Male	Brother	+994 77 533 31 33

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

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Physical Data	
Height	168
Weight	85
Boilersuit Size	L
Shoes Size	42
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					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Honduras	037843	02.28.2023	Honduras	28.02.2028

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

Certificate of Competency	-	-	-	-	-
Republic of Azerbaijan	Azerbaijan	C02776200	14.11.2019	Azerbaijan	13.11.2029
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
Minimum Standards of Competence Safety Familiarization/ Basic Training	Honduras	C-001/CH-04994	HMTC	13.02.2023	13.02.2028
Marine Environmental Awareness	Honduras	C-046/CH-03631	HMTC	13.02.2023	13.02.2028
Leadership and Teamwork /Management Training	Honduras	C-020/CH-02026	HMTC	13.02.2023	13.02.2028
High Voltage Installations for electrical , electronic and control systems at the management level	Honduras	C-030/CH-01917	HMTC	13.02.2023	13.02.2028
Minimum Standards of Competence in Security Awareness and Designated Security Duties	Honduras	C-024/CH-03066	HMTC	13.02.2023	13.02.2023
Minimum Standards of Competence in Ship Security Officer	Honduras	C-023/CH-03722	HMTC	13.02.2023	13.02.2023
Upgrading	Honduras	C-034/CH-00001	HMTC	13.02.2023	13.02.2023
Proficiency in Survival Craft and Rescue Boats	Honduras	C-006/CH-03653	HMTC	13.02.2023	13.02.2023
Minimum Standard of Competence in Medical Care	Honduras	C-003/CH-03636	HMTC	13.02.2023	13.02.2023
Minimum Standard of Competence in Advanced Fire Fighting	Honduras	C-002/CH-3661	HMTC	13.02.2023	13.02.2023
Engine Resource Management	Honduras	C-029/CH-01918	HMTC	13.02.2023	13.02.2023

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

[illegible]

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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	-
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.Sea Leon Shipping	2.Sea Leon Shipping
Name of person to contact	Rizvan Kaptan	Baris Bey
Address	-	-
☎ No.	+994 70 933 95 73	+90 537 879 56 48

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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: 07.03.2024

Signature

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