



**UNITED ALLIANCE GROUP LTD**  
AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 21GLU2H</b>
<b>Position Applied for:</b>	Rating forming part of a navigational watch
<b>Date Available from:</b>	-

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: MAHAMMAD</b>	<b>Last Name: HASANOV</b>	
Date of Birth: 10.12.2000	Place of Birth (City and Country): Azerbaijan , MASALLI	
Email: gasanovmahammad@gmail.com	Mobile Number: (+994) 77 503 91 27	
Permanent Address: Shatiroba village, Masalli district , Azerbaijan	Expected Salary Per Month: 1000\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) 50 382 02 39 Father</b>		

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<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
First Name	Last Name	Gender	Relation	Contact
Taptig	Hasanov	Male	Father	+994 50 382 02 39

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<b>Maritime Education</b>				
Name of school	Country	From	To	Type of degree or diploma
IST Services	Azerbaijan	07.2022	12.2022	Course

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<b>Physical Data</b>	
Height	<b>163</b>
Weight	68
Boilersuit Size	M
Shoes Size	41
Blood group	O(I)RH+
Additional Physical Information: {You can write any other information you want to add about your physique in this field.}	

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<b>Seaman`s Book &amp; Identify Docs</b>					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 022831	25.02.2023	Azerbaijan	25.02.2028

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	Azerbaijan	RP12479		17.02.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02978608		25.05.2021	Azerbaijan		24.05.2031
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 &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-4226-22	IST	14.09.2022	14.09.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4226-22	IST	14.09.2022	14.09.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-4226-22	IST	14.09.2022	14.09.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4226-22	IST	14.09.2022	14.09.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4226-22	IST	14.09.2022	14.09.2027
International Safety Management	Azerbaijan	SP-2837-22	IST	21.09.2022	21.09.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2933-22	IST	21.09.2022	19.09.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-2221-22	IST	15.09.2022	15.09.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1875-22	IST	23.09.2022	23.09.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0751-22	IST	30.09.2022	30.09.2027

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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
<b>Vaccination</b>		
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)

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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	<b>1.GAND SHIPPING</b>	<b>2.-</b>
Name of person to contact	<b>Sevgi Hanim</b>	-
Address	-	-
☎ No.	<b>+90 549 411 14 75</b>	-

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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: 14.03.2024

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