



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 23516717248
Position Applied for:	Able Seafarer Deck
Date Available from:	-

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Personal Information		Gender: Male
First Name: MEHMET SALIH	Last Name: ENC	
Date of Birth: 01.09.1990	Place of Birth (City and Country): Turkey, ULUDERE	
Email:-	Mobile Number: (+90) 573 436 99 80	
Permanent Address: Shrnak , Uludere , Gulyazi village , Shahbaz settl, No 267	Expected Salary Per Month: 1500\$- 2000\$	
Nationality: Turkish	Alternative rank applying for: Boatswain	
Person to call in emergency: 053 970 702 32 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Sabri	Enc	Male	Father	05397070232

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Uludere Gulyazi Cok Programli Lisesi	Turkey	2005	2009	-

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Physical Data	
Height	175
Weight	95
Boilersuit Size	XL
Shoes Size	44
Blood group	-
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

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

Seaman Book	Azerbaijan	S 00351945		12.01.2022	Azerbaijan		12.01.2027
Certificate of Competency	Azerbaijan	3A217598		29.01.2024	Azerbaijan		26.01.2029
Republic of Turkey	Azerbaijan	U32706982		18.01.2024	Turkey		18.01.2034
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
Proficiency in Survival Craft and Rescue Boats	Turkey	11776963	TR	12.01.2022	12.01.2027
Certificate of Proficiency in Basic Training For Oil and Chemical	Turkey	20A389BB	TR	11.05.2023	12.10.2027
Fire Prevention and Fire Fighting Training	Turkey	11863599	TR	29.01.2024	20.12.2028
Navigational Watchkeeping Certificate	Turkey	2DA0875F	TR	29.01.2024	29.01.2029
Personal Survival Techniques Training Certificate	Turkey	4BCB96E1	TR	29.01.2024	20.12.2028
Elementary First Aid Training Certificate	Turkey	1006855D	TR	29.01.2024	2012.2028
Designated Security Duties Certificate	Turkey	58B197D0	TR	29.01.2024	29.01.2029
Security-Related Familiarization Certificate	Turkey	1825F255	TR	29.01.2024	29.01.2029
Security Awareness Certificate	Turkey	04732843	TR	29.01.2024	19.01.2029

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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	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	1.SVR MARITIME CORP	2.-
Name of person to contact	-	-
Address	Mh96960 Majuro Marshall Islands	-
☎ No.	0216 496 22 22 / 0216 496 22 20	-

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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: 28.03.2024

Signature

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