



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 1JG8QHV
Position Applied for:	Second Engineer
Date Available from:	-

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Personal Information		Gender: Male
First Name: AZAR	Last Name: GAHRAMANOV	
Date of Birth: 16.07.1986	Place of Birth (City and Country): Azerbaijan, JALILABAD	
Email: azar.qehremanov1986@mail.ru	Mobile Number: (+994) 55 328 15 15	
Permanent Address: Jalilabad district , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 571 52 63 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Punhan	Gahramanov	Male	Father	+994505715263

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

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Physical Data	
Height	180
Weight	80
Boilersuit Size	XL
Shoes Size	43
Blood group	B(III)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	Azerbaijan	DQK 019274	03.02.2022	Azerbaijan	03.02.2027

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	0006739	18.03.2022	Azerbaijan	18.03.2027	
Republic of Azerbaijan	Azerbaijan	C02983688	28.03.2021	Azerbaijan	27.03.2031	
Seaman Book Flag State	Panama	PA0285887	27.07.2022	Panama	18.03.2027	
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-0683-21	SMPA	27.04.2021	26.04.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0683-21	SMPA	27.04.2021	26.04.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0683-21	SMPA	27.04.2021	26.04.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0683-21	SMPA	27.04.2021	26.04.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0683-21	SMPA	27.04.2021	26.04.2026
International Safety Management	Azerbaijan	SP-0334-21	SMPA	31.03.2021	31.03.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0509-21	SMPA	07.05.2021	07.05.2026
Security Awareness Training For All Seafarers	Azerbaijan	-	SMPA	-	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0273-22	SMPA	04.03.2022	04.03.2027
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan	ER-0162-22	SMPA	17.03.2022	22.02.2027
Leadership & Teamwork	Azerbaijan	DL-0800-22	SMPA	18.05.2022	18.05.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0763-21	SMPA	06.09.2021	03.09.2026
Updating	Azerbaijan	XS-0106-19	SMPA	08.05.2019	08.05.2024
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	-	SMPA	-	-
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan	-	SMPA	-	-
Medical First Aid	Azerbaijan	SN-0489-22	SMPA	13.05.2022	11.05.2027

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Seagoing Experience

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

COMPANY	Name of vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
CASPIAN OIL COMPANY	M/V NEFTEQAZ 58	Azerbaijan	Offshore Supply	1850	-	-	-	Motorman	15.11.2015	15.12.2018	3 year	End of Contract
CASPIAN OIL COMPANY	M/V ZIRA	Azerbaijan	Offshore Supply	1805	-	-	-	3 rd Engineer	01.06.2018	15.02.2020	10 month	End of Contract
CASPIAN OIL COMPANY	M/V SUMGAIT	Azerbaijan	Supply	3093	-	-	-	3 rd Engineer	15.03.2020	15.06.2020	2 month	End of Contract
CASPIAN OIL COMPANY	M/V ZIRA	Azerbaijan	Offshore Supply	1805	-	-	-	3 rd Engineer	15.06.2020	01.09.2021	8 month	End of Contract
DADAYLILAR SHIPPING	M/V WHITE IWY	Panama	Dry Cargo	16383	Mitsubishi	-	-	Second Engineer	07.07.2022	29.09.2022	3 month	End of Contract
DADAYLILAR SHIPPING	M/V LIBERTA	Panama	Dry Cargo	16383	MAN	-	-	Second Engineer	01.10.2022	10.11.2022	2 month	End of Contract
FEYZ GROUP	M/V OCEAN SKY	Panama	Dry Cargo	18600	MAN	-	-	Second Engineer	19.11.2022	-	-	On Board

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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	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)

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: 12.03.2024

Signature

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