



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 4VNVLB4
Position Applied for:	Officer in Charge of an Engineering Watch	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: KAMIL	Last Name: HASANOV	
Date of Birth: 29.06.1989	Place of Birth (City and Country): Azerbaijan , BAKU	
Email: kamil_hesenov@mail.ru	Mobile Number: (+994) 70 247 70 71 ; (+994) 50 247 70 71	
Permanent Address: 6/18, Hafiz Guliyev street, Hovsan settl, Surakhani district , Baku, Azerbaijan	Expected Salary Per Month: 2500\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 846 11 74 Brother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Kamal	Hasanov	Male	Brother	+994 50 846 11 74

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Astraxan State Marine Academy	Russia	2014	2019	Sub-Bachelor

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Physical Data	
Height	174
Weight	81
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

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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 020656		30.06.2022	Azerbaijan		30.06.2027
Certificate of Competency	Azerbaijan	0008123		11.03.2024	Azerbaijan		11.03.2029
Republic of Azerbaijan	Azerbaijan	C01489173		03.10.2017	Azerbaijan		02.10.2027
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-1522-21	SMPA	09.07.2021	02.07.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1522-21	SMPA	09.07.2021	02.07.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-1522-21	SMPA	09.07.2021	02.07.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1522-21	SMPA	09.07.2021	02.07.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1522-21	SMPA	09.07.2021	02.07.2026
International Safety Management	Azerbaijan	SP-1911-22	SMPA	24.06.2022	24.06.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0917-21	SMPA	24.06.2021	22.06.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-4060-23	SMPA	22.12.2023	19.12.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1163-22	SMPA	29.06.2022	29.06.2027
Proficiency in Fast Rescue Boats	Azerbaijan	SU-0051-23	SMPA	31.01.2023	31.01.2028
Leadership & Teamwork	Azerbaijan	DL-1569-22	SMPA	07.10.2022	07.10.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-1413-22	SMPA	06.10.2022	06.10.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0766-22	SMPA	04.10.2022	04.10.2027
Eugenie-room resource management	Azerbaijan	ER-0588-22	SMPA	05.10.2022	05.10.2027
Medical First Aid	Azerbaijan	SN-1401-22	SMPA	26.10.2022	24.10.2027

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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
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	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: 15.04.2024

Signature

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