



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 17591760602</b>
<b>Position Applied for:</b>	Master
<b>Date Available from:</b>	-

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: AYHAN</b>	<b>Last Name: CAN</b>	
Date of Birth: 06.07.1979	Place of Birth (City and Country): Turkey, ZONGULDAK	
Email: Ayhancan57sinop@gmail.com	Mobile Number: (+90) 535 848 20 98	
Permanent Address: Duzkoy Ceyran mahallesi, Turkeli, Sinop	Expected Salary Per Month: -	
Nationality: Turkish	Alternative rank applying for: -	
<b>Person to call in emergency: (+90) 543 209 57 00 Brother</b>		

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<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
Aydin	Can	Male	Brother	+905432095700

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<b>Maritime Education</b>				
<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
Sinop Turkeli Lisesi	Turkey	-	-	-

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<b>Physical Data</b>	
Height	170
Weight	79
Boilersuit Size	XL
Shoes Size	42
Blood group	ABH+
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>					
<b>DOCUMENT</b>	<b>COUNTRY</b>	<b>NUMBER</b>	<b>DATE OF ISSUE</b>	<b>PLACE OF ISSUE</b>	<b>DATE OF EXPIRY</b>

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	Honduras	034576	13.09.2022	Honduras	13.09.2027
Certificate of Competency	Honduras	034575	13.09.2022	Turkey	13.09.2027
Republic of Turkey	Turkey	U25373740	17.11.2021	Turkey	17.11.2031
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
Electronic Chart Display and Information Systems	Greece	IMTC/ECDIS/0822451	IMTC	17.08.2022	17.08.2027
Radar Navigation , Radar Plotting and Use of ARPA (Operational Level 0	Greece	IMTC/RADAR-ARPA/0822456	IMTC	17.08.2022	17.08.2027
Leadership and Teamwork	Greece	IMTC/LAT/0822453	IMTC	17.08.2022	17.08.2027
General's Operators Certificate for Global Maritime Distress and Safety Systems	Greece	IMTC/GMDDSS	IMTC	17.08.2022	17.08.2027
Proficiency in Survival Craft and Rescue Boats Other Than F.R.B	Greece	IMTC/SCRB/0822458	IMTC	17.08.2022	17.08.2027
Advanced Training in Fire Fighting	Greece	IMTC/AFF/0822448	IMTC	17.08.2022	17.08.2027
Ship Security Officer	Greece	IMTC/SSO/0822457	IMTC	17.08.2022	17.08.2027
Ship Security Awareness Training and Seafarers with Designated Security Duties	Greece	IMTC/SSA&DSD/0922534	IMTC	29.09.2022	29.09.2027
Basic Training , Safety Familiarization and Instruction for All Seafarers	Greece	IMTC/BTS/0822449	IMTC	17.08.2022	17.08.2027
Ship Simulator and Bridge team / Resource Management	Greece	IMTC/SS&BT&BRM/0822450	IMTC	17.08.2022	17.08.2027
Marine Environmental Awareness	Greece	IMTC/MEA/0822454	IMTC	17.08.2022	17.08.2027
Medical Care	Greece	IMTC/MC/822455	IMTC	17.08.2022	17.08.2027

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**11 For Engineers (Please provide details)**

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

**12 Other Experience**

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**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
<b>Vaccination</b>		
Yellow Fever	YES/NO	YES
COVID-19	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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**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)

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**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: 16.04.2024

Signature

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