



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 6MD8FKB
Position Applied for:	Officer in charge of an engineering watch
Date Available from:	-

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Personal Information		Gender: Male
First Name: KAZIM	Last Name: MAMMADOV	
Date of Birth: 16.11.1998	Place of Birth (City and Country): Azerbaijan , BAKU	
Email: Kazim_0202@mail.ru	Mobile Number: (+994) 51 530 71 47	
Permanent Address: Balakhani settl, Baku city, Azerbaijan	Expected Salary Per Month: 2500\$-3500\$	
Nationality: Azerbaijan	Alternative rank applying for: 3 RD Engineer	
Person to call in emergency: (+994) 55 822 08 01 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Imran	Mammadov	Male	Father	+994558220801

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan Maritime College	Azerbaijan	2014	2018	Sub-Bachelor

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Physical Data	
Height	175
Weight	80
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
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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	Honduras	454015		10.11.2023	Honduras		09.10.2028
Certificate of Competency	Honduras	-		-	Honduras		-
Republic of Azerbaijan	Azerbaijan	C02828578		16.03.2020	Azerbaijan		12.03.2030
Seaman Book Flag State	Antigua & Barbuda	183360		31.08.2022	Antigua & Barbuda		30.08.2027
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
ERM/ETM/ENGINE ROOM SIMULATOR	Honduras	IMTC/ERM/ETM/0923247	IMTC	18.09.2023	18.09.2028
SHIP SECURITY OFFICER	Honduras	IMTC/SSO/0923251	IMTC	18.09.2023	18.09.2028
PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOATS ATER THAN F.R.B	Honduras	IMTC/SCRB/0923252	IMTC	18.09.2023	18.09.2028
SEAFARERS WITH DESIGNATED SECURITY DUTIES	Honduras	IMTC/DSC1023687	IMTC	24.10.2023	24.10.2028
MEDICAL CARE	Honduras	IMTC/MC/0923250	IMTC	18.009.2023	18.09.2028
BASIC TRAINING , SAFETY FAMILIARIZATION AND INSTRUCTION FOR ALL SEAFARERS	Honduras	IMTC/BST/0923246	IMTC	18.09.2023	18.09.2028
LEADERSHIP AND TEAMWORK	Honduras	IMTC/L&T/0923248	IMTC	18.09.2023	18.09.2028
MARINE ENVIRONMENTAL AWARENESS	Honduras	IMTC/MEA/0923249	IMTC	18.09.2023	18.09.2023
ADVANCED TRAINING IN FIRE FIGHTING	Honduras	IMTC/AFF/0923245	IMTC	18.09.2023	18.09.2023

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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

English Language : Middle
Russian Language ; Middle

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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. MULTI SERVICE SHIPPING AND CO.	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: 04.06.2024

Signature

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