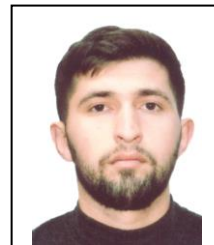




UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 6EE7FGC
Position Applied for:	Officer in charge of a navigational watch
Date Available from:	-

2

Personal Information		Gender: Male
First Name: KAMAL	Last Name: HASANOV	
Date of Birth: 01.03.1999	Place of Birth (City and Country): Azerbaijan , MASSALI	
Email: kamal.hasanov2015@gmail.com	Mobile Number: (+994) 50 706 56 21	
Permanent Address: Gizilaghac village, Masalli district, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 706 63 15 Father		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Dayanat	Hasanov	Male	Father	+994507066315

4

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

5

Physical Data	
Height	185
Weight	80
Boilersuit Size	XL
Shoes Size	44
Blood group	A(II)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

6

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	DQK 191134	18.01.2022	Azerbaijan	18.01.2027
Certificate of Competency	Azerbaijan	0008149	15.04.2024	Azerbaijan	15.04.2029
Republic of Azerbaijan	Azerbaijan	C02775214	13.02.2020	Azerbaijan	12.02.2030
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	-				

7

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8

License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-1067-21	SMPA	02.06.2021	21.05.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1067-21	SMPA	02.06.2021	21.05.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-1067-21	SMPA	02.06.2021	21.05.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1067-21	SMPA	02.06.2021	21.05.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1067-21	SMPA	02.06.2021	21.05.2026
International Safety Management	Azerbaijan	SP-0930-21	SMPA	25.06.2021	01.06.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0790-21	SMPA	04.06.2021	27.05.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-0227-21	SMPA	28.04.2021	28.04.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0389-22	SMPA	18.03.2022	18.03.2027
Medical First Aid	Azerbaijan	SN-0295-23	SMPA	23.02.2023	23.02.2028
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0332-23	SMPA	26.05.2023	26.05.2028
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SR-0145-23	SMPA	21.06.2023	21.06.2028
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0267-23	SMPA	11.04.2023	11.04.2028
Bridge Resource Management	Azerbaijan	SW-0300-23	SMPA	17.07.2023	17.07.2028
Leadership and Teamwork	Azerbaijan	DL-0361-23	SMPA	03.05.2023	27.04.2028

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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 : Average

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)

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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.ASCO	2.-
Name of person to contact	-	-
Address	Azerbaijan/Baku	-
☎ 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: 27.06.2024

Signature

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