



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 39497185174</b>
<b>Position Applied for:</b>	Able Seafarer Deck
<b>Date Available from:</b>	-

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<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: YALCHIN</b>	<b>Last Name: ERKAN</b>	
Date of Birth: 10.06.1971	Place of Birth (City and Country): Turkey, BARTIM	
Email:-	Mobile Number: (+90) 545 590 05 75	
Permanent Address:-	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) -</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>
-	-	-	-	-

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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>
-	-	-	-	-

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<b>Physical Data</b>	
Height	173
Weight	70
Boilersuit Size	L
Shoes Size	43
Blood group	A+
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>
Seaman Book	Turkey	S 00383452	22.12.2022	Turkey	22.12.2027

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	Turkey	10662099		20.04.2022	Turkey		20.04.2027
Republic of Turkey	Turkey	U33467476		25.03.2024	Turkey		25.04.2026
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
Navigational Watchkeeping Certificate	Turkey	11249786	TR	10.07.2019	-
Security-Related Familiarization Certificate	Turkey	11249785	TR	10.07.2019	-
Security Awareness Certificate	Turkey	11249784	TR	10.07.2019	-
Designated Security Duties Certificate	Turkey	11249783	TR	10.07.2019	-
Fire Prevention and Fire Fighting Training Certificate	Turkey	11839583	TR	20.04.2022	08.04.2027
Personal Safety and Social Responsibility Training Certificate	Turkey	11839581	TR	20.04.2022	08.04.2027
Elementary First Aid Training Certificate	Turkey	11839582	TR	20.04.2022	08.04.2027
Proficiency in Survival Craft and Rescue Boats(Other Than Fast Rescue Boats) Certificate	Turkey	11839579	TR	20.04.2022	07.04.2027
Personal Survival Techniques Training Certificate	Turkey	11839580	TR	20.04.2022	08.04.2027
Training and qualifications of Personnel on Passenger Ships Certificate	Turkey	2005-22-10522	TR	14.01.2005	-
Training and qualifications of Personnel on Ro-Ro Passenger Ships Certificate	Turkey	2005-22-10521	TR	14.01.2005	-

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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
<b>Vaccination</b>		
Yellow Fever	YES/NO	YES
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: 15.07.2024

\_\_\_\_\_  
Signature

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