



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 5UUL90E
Position Applied for:	Second Engineer
Date Available from:	-

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Personal Information		Gender: Male
First Name: ILKIN	Last Name: MAMMADOV	
Date of Birth: 25.09.1994	Place of Birth (City and Country): Azerbaijan, TOVUZ	
Email:-	Mobile Number: (+994) 70 600 64 65	
Permanent Address: Khatinli village , Tovuz district , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for:-	
Person to call in emergency: (+994) 70 202 66 12 Brother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Vahid	Mammadov	Male	Brother	+994702026612

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2014	2016	Bachelor

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Physical Data	
Height	178
Weight	80
Boilersuit Size	L
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.}	

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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 022244		15.12.2022	Azerbaijan		15.12.2027
Certificate of Competency	Azerbaijan	0006894		18.03.2022	Azerbaijan		25.09.2027
Republic of Azerbaijan	Azerbaijan	C01343010		25.10.2017	Azerbaijan		24.10.2027
Seaman Book	Panama	PA0310995		23.09.2022	Panama		18.03.2027
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-5769-22	SMPA	07.12.2022	07.12.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5769-22	SMPA	07.12.2022	07.12.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-5769-22	SMPA	07.12.2022	07.12.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5769-22	SMPA	07.12.2022	07.12.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5769-22	SMPA	07.12.2022	07.12.2027
International Safety Management	Azerbaijan	SP-3595-22	SMPA	06.12.2022	06.12.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3972-22	SMPA	09.12.2022	09.12.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1490-22	SMPA	17.06.2022	16.06.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2419-22	SMPA	08.12.2022	08.12.2027
Eugenie-room resource management	Azerbaijan	ER-0666-22	SMPA	16.12.2022	16.12.2027
Leadership & Teamwork	Azerbaijan	DL-1797-22	SMPA	15.12.2022	15.12.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0322-21	SMPA	30.04.2021	29.04.2026
Crowd Management training	Azerbaijan	SC-0110-21	SMPA	16.05.2021	12.05.2026
Crisis management and human behaviour training	Azerbaijan	SE-0089-23	SMPA	13.07.2023	13.07.2028
Medical First Aid	Azerbaijan	SN-1119-23	SMPA	14.07.2023	14.07.2028

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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 : Intermediate
Turkish Language: Good

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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.ASCO	2.MEDKON LINES
Name of person to contact	-	-
Address	Azerbaijan / Baku	Istanbul/Turkey
☎ 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: 13.09.2024

Signature

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