



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position		identity card PIN Number 7HK0YP7
Position Applied for:	Rating forming part of an engine -room watch	
Date Available from:	-	

2

Personal Information		Gender: Male
First Name: ILGAR	Last Name: YEKAYEV	
Date of Birth: 08.09.2002	Place of Birth (City and Country): Azerbaijan, ZAGATALA	
Email: ilqaryekeyev01@gmail.com	Mobile Number: (+994) 77 518 15 12	
Permanent Address: Aslanbay Gardashov street , Zagatala district , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 70 320 27 56 Father		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Ramin	Yekayev	Male	Father	+994703202756

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2019	2023	Bachelor

5

Physical Data	
Height	185
Weight	65
Boilersuit Size	M
Shoes Size	42
Blood group	O(I)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
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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	Azerbaijan	DQK 017971		13.07.2021	Azerbaijan		13.07.2026
Certificate of Competency	Azerbaijan	RP12286		19.01.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C05055422		15.10.2024	Azerbaijan		14.10.2034
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-1449-21	SMPA	01.07.2021	31.05.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1449-21	SMPA	01.07.2021	31.05.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-1449-21	SMPA	01.07.2021	31.05.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1449-21	SMPA	01.07.2021	31.05.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1449-21	SMPA	01.07.2021	31.05.2026
International Safety Management	Azerbaijan	SP-1042-21	SMPA	30.06.2021	02.06.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3373-24	SMPA	01.10.2024	26.09.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0656-21	SMPA	29.06.2021	04.06.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3223-24	SMPA	09.10.2024	Unlimited
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-1062-24	SMPA	03.10.2024	Unlimited

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(Please give a full record starting with the last vessel on which you served)

[illegible]

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11

For Engineers (Please provide details)

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

12

Other Experience

English Language : Good
 Azerbaijan Language : Good
 Turkish Language: Good

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)

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)

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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16

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.	-	-

17

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.



Signature

Date: 22.10.2024

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