



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

1

<b>Position</b>	<b>identity card PIN Number 61DFUZG</b>
<b>Position Applied for:</b>	Rating forming part of an engine-room watch
<b>Date Available from:</b>	-

2

<b>Personal Information</b>		<b>Gender: Male</b>
<b>First Name: HAMLET</b>	<b>Last Name: ATAYEV</b>	
Date of Birth: 22.06.1998	Place of Birth (City and Country): Azerbaijan, GANJA	
Email: hamletatayev99@gmail.com	Mobile Number: (+994) 55 611 15 58	
Permanent Address: Yasamal district, A.Asadov street, Baku , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
<b>Person to call in emergency: (+994) 55 596 40 91 Brother</b>		

3

<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>
Hikmat	Atayev	Male	Brother	+994555964091

4

<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>
Azerbaijan State Marine Academy	Azerbaijan	2021	2024	Bachelor

5

<b>Physical Data</b>	
Height	175
Weight	85
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

<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>

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 026092		15.12.2023	Azerbaijan		15.12.2028
Certificate of Competency	Azerbaijan	RP16053		19.09.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03291876		03.07.2023	Azerbaijan		02.07.2033
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 &amp; Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-5177-23	SMPA	04.11.2023	08.06.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-5177-23	SMPA	04.11.2023	08.06.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-5177-23	SMPA	04.11.2023	08.06.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-5177-23	SMPA	04.11.2023	08.06.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-5177-23	SMPA	04.11.2023	08.06.2028
International Safety Management	Azerbaijan	SP-3534-23	SMPA	31.10.2023	08.06.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3973-23	SMPA	04.11.2023	08.06.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-3441-23	SMPA	04.11.2023	08.06.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2606-24	SMPA	21.08.2024	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 : B1

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
<b>Vaccination</b>		
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: 15.11.2024  
\_\_\_\_\_

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