



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 65PG82J
Position Applied for:	Able Seafarer Engine
Date Available from:	-

2

Personal Information		Gender: Male
First Name: KAMRAN	Last Name: ABBASOV	
Date of Birth: 14.06.1997	Place of Birth (City and Country): Azerbaijan, BAKU	
Email: Kamranabbas29629@gmail.com	Mobile Number: (+994) 55 296 29 22	
Permanent Address: Bakikhanov, Mahir Amirov street 30, Baku , Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijanian	Alternative rank applying for: -	
Person to call in emergency: (+994) 55 659 99 69 Brother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Kenan	Abbasov	Male	Brother	+994 55 659 99 69

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan Maritime College	Azerbaijan	2012	2016	Sub-Bachelor

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Physical Data	
Height	168
Weight	59
Boilersuit Size	S
Shoes Size	41
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 023772		19.05.2023	Azerbaijan		19.05.2028
Certificate of Competency	Azerbaijan	RP12883		11.05.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02444998		17.04.2019	Azerbaijan		16.04.2029
Seaman Book Flag State	Liberia	1841734		29.08.2023	Liberia		29.08.2028
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 TECHNICS	Azerbaijan	SO-1412-23	ASMA	28.03.2023	28.03.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1412-23	ASMA	28.03.2023	28.03.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-1412-23	ASMA	28.03.2023	28.03.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1412-23	ASMA	28.03.2023	28.03.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1412-23	ASMA	28.03.2023	28.03.2028
International Safety Management	Azerbaijan	SP-1034-23	ASMA	31.03.2023	31.03.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1215-23	ASMA	06.04.2023	06.04.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-0924-23	ASMA	04.04.2023	09.03.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0830-23	ASMA	06.04.2023	05.04.2028

Ship Management
ISM&ISPS Management
Ship Agency
Consultations
Provision, Ship Supply

Yacht Management
Technical Management
Ship Brokering
Surveying & Monitoring
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Sale & Purchasing
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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

-

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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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)

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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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References *(Please give the name and address of your current or immediate past employer)*

Name of company	1. Palmali Shipping	2.-
Name of person to contact	Mahmud Imansoy	-
Address	-	-
☎ No.	+90 534 967 57 74	-

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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: 18.11.2024

Signature

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