



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 5T7DA20
Position Applied for:	Officer in charge of navigational a watch
Date Available from:	-

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Personal Information	Gender: Male
First Name: RUFAT	Last Name: HASANLI
Date of Birth: 19.12.1993	Place of Birth (City and Country): Azerbaijan, SABIRABAD
Email: rufethesenli055@mail.ru	Mobile Number: (+994) 55 778 45 68
Permanent Address: Sabirabad district , Alijanli village, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for: 4 TH officer
Person to call in emergency: (+994) 50 621 26 08 Father	

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Ziyadkhan	Hasanov	Male	Father	+994506212608

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan Maritime College	Azerbaijan	2011	2017	Sub-bachelor

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Physical Data	
Height	178
Weight	65
Boilersuit Size	M
Shoes Size	42
Blood group	B(III)+
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 020525	15.06.2022	Azerbaijan	15.06.2027	
Republic of Azerbaijan	Azerbaijan	C01471461	13.10.2017	Azerbaijan	12.10.2027	
Certificate of Competency	Azerbaijan	RP08545	14.06.2022	Azerbaijan	-	
Certificate of Competency	Azerbaijan	0008116	29.02.2024	Azerbaijan	28.02.2029	
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	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA, BAKU	14.06.2022
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-2374-22	SMPA	26.05.2022	20.05.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2374-22	SMPA	26.05.2022	20.05.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-2374-22	SMPA	26.05.2022	20.05.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2374-22	SMPA	26.05.2022	20.05.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2374-22	SMPA	26.05.2022	20.05.2027
International Safety Management	Azerbaijan	SP-1511-22	SMPA	20.05.2022	19.05.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1329-22	SMPA	23.05.2022	23.05.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1279-22	SMPA	01.06.2022	31.05.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0978-22	SMPA	25.05.2022	25.05.2027
Ship Security Officer	Azerbaijan		SMPA		
Leadership & Teamwork	Azerbaijan	DL-0021-24	SMPA	12.01.2024	12.01.2029
Advanced Training in Fire Fighting	Azerbaijan	SJ-0027-24	SMPA	18.01.2024	18.01.2029
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0379-19	SMPA	13.12.2022	13.12.2024
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0705-23	SMPA	29.12.2023	29.12.2028
Bridge Resource Management	Azerbaijan	SW-0548-23	SMPA	07.12.2023	07.12.2028
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0680-23	SMPA	22.12.2023	22.12.2028
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SR-0214-23	SMPA	01.12.2023	01.12.2028

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Seagoing Experience

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

COMPANY	Name of vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
G.M MENECEMEN TO	M/V PETER-M	-	General Cargo	3500	-	-	-	A/B	05.07.2017	-	-	End of Contract
SAMAYA LTD	M/V SILVER STAR	Azerbaijan	General Cargo	2800	-	-	-	A/B	19.12.2017	-	-	End of Contract
İR SHIPPING ONE Co LTD	M/T RİROİL	Malta	Oil Tanker	7139	-	-	-	A/B	08.07.2018	31.01.2019	6 month	End of Contract
PALMALI HOLDİNG	M/T OLGA GOLOVUSHKI NA	Malta	Chemical Oil Tanker	7139	-	-	-	A/B	25.03.2019	06.10.2019	7 month	End of Contract
PALMALI HOLDİNG	M/T CASPIAN MARİNER	Malta	Oil Tanker	7139	-	-	-	A/B	08.02.2021	10.08.2020	6 month	End of Contract
PROCHELLA MARİNE CO LTD	BREMEN	Cameron	Bulk Carrier	7000	-	-	-	A/B	23.07.2022	24.01.2023	6 month	End of Contract
SEA LIFE SHIPPING	ORİS MARİNE	Liberia	Chemical Tanker	7000	-	-	-	A/B	26.04.2023	03.11.2023	7 month	End of Contract
SEA LIFE SHIPPING	M/V CAGLA	-	Bulk Carrier	31000	-	-	-	A/B	12.03.2024	01.09.2024	6months	End of Contract

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11 For Engineers (Please provide details)

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

12 Other Experience

Russian 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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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: 19.11.2024

Signature

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