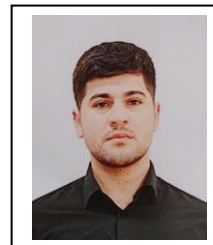




UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 6HXDKYC
Position Applied for:	Officer in charge of a Navigational Watch
Date Available from:	-

2

Personal Information	Gender: Male
First Name: HIKMAT	Last Name: FATALIYEV
Date of Birth: 09.12.1998	Place of Birth (City and Country): Azerbaijan, ASTARA
Email: hikmetfeteliyev5@gmail.com	Mobile Number: (+994) 50 313 20 23
Permanent Address: Astara district, Siyaku village, Azerbaijan	Expected Salary Per Month: 3250\$-4000\$
Nationality: Azerbaijan	Alternative rank applying for: 2 ND Officer
Person to call in emergency: (+994) 50 626 68 58 Brother	

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Elkhan	Fataliyev	Male	Brother	+994 50 626 68 58

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2016	2020	Bachelor

5

Physical Data	
Height	176
Weight	85
Boilersuit Size	M
Shoes Size	42
Blood group	A(II)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					
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 018838	09.12.2021	Azerbaijan	09.12.2026
Certificate of Competency	Azerbaijan	0007768	13.03.2023	Azerbaijan	13.03.2028
Republic of Azerbaijan	Azerbaijan	C03675853	30.07.2021	Azerbaijan	29.07.2031
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)	-	-	-
National endorsement of certificate of competency (if issued)	-	-	-

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-0499-22	SMPA	10.02.2022	24.12.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0499-22	SMPA	10.02.2022	24.12.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0499-22	SMPA	10.02.2022	24.12.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0499-22	SMPA	10.02.2022	24.12.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0499-22	SMPA	10.02.2022	24.12.2026
International Safety Management	Azerbaijan	SP-2285-21	SMPA	14.12.2021	14.12.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0041-22	SMPA	12.01.2022	12.01.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1586-21	SMPA	16.12.2021	16.12.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0609-21	SMPA	12.08.2021	06.08.2026
Dynamic Positioning Operator Induction Course	Azerbaijan	DPI252/23	SMPA	10.02.2023	Unlimited
Leadership & Teamwork	Azerbaijan	SL-0012-23	SMPA	12.01.2023	12.01.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-1835-22	SMPA	29.12.2022	29.12.2027
Dynamic Positioning Operator Induction Course	Azerbaijan	DPI252/23	SMPA	10.02.2023	-
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	-	SMPA	-	-
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan	-	SMPA	-	-
Medical First Aid	Azerbaijan	SN-1702-22	SMPA	22.12.2022	22.12.2027
Medical Care	Azerbaijan		SMPA		
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ-0288-19	SMPA	11.07.2019	11.07.2024
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SR-0058-20	SMPA	25.02.2020	07.01.2025
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0145-20	SMPA	04.05.2020	21.01.2025
Bridge Resource Management	Azerbaijan	SW-0030-23	SMPA	24.01.2023	24.01.2028
Ship Handling and Maneuvering	Azerbaijan	-	SMPA	-	-

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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	-

12

Other Experience

English Language : A2-B1
 Russian Language: A1
 Turkish Language : C1
 Azerbaijan Language: Native

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	NO

(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.	-	-

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.

Date: 17.12.2024

Signature

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