



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 5QN0NT5
Position Applied for:	Second Engineer
Date Available from:	-

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Personal Information		Gender: Male
First Name: TAMERLAN	Last Name: SULTANMURADOV	
Date of Birth: 04.01.1994	Place of Birth (City and Country): Azerbaijan, GUSAR	
Email: sultanmuradov94@mail.ru	Mobile Number: (+994) 77 528 13 66	
Permanent Address: Piral village, Gusar district, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 70 494 94 86 Brother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Andrey	Sultanmuradov	Male	Brother	+99470 4949486

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2012	2016	Bachelor

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Physical Data	
Height	176
Weight	97
Boilersuit Size	XXL
Shoes Size	43
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 025718		08.11.2023	Azerbaijan		08.11.2029
Certificate of Competency	Azerbaijan	0006687		10.06.2022	Azerbaijan		10.06.2027
Republic of Azerbaijan	Azerbaijan	C01572836		13.12.2016	Azerbaijan		12.12.2026
Seaman Book	Panama	PA0404511		03.05.2023	Panama		10.06.2027
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 TECHNIQS	Azerbaijan	SO-0700-23	SMPA	13.02.2023	13.02.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0700-23	SMPA	13.02.2023	13.02.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-0700-23	SMPA	13.02.2023	13.02.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0700-23	SMPA	13.02.2023	13.02.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0700-23	SMPA	13.02.2023	13.02.2028
International Safety Management	Azerbaijan	SP-0496-23	SMPA	16.02.2023	15.02.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0366-23	SMPA	30.01.2023	30.01.2028
1000v	Azerbaijan	DM-0303-23	SMPA	08.12.2023	08.12.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0667-22	SMPA	26.04.2022	26.04.2027
Proficiency in Fast Rescue Boats	Azerbaijan	SU-0021-25	SMPA	19.02.2025	19.02.2030
Leadership & Teamwork	Azerbaijan	DL-1251-21	SMPA	08.08.2022	04.08.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0572-21	SMPA	08.07.2021	08.07.2026
Eugenie-room resource management	Azerbaijan	ER-0507-22	SMPA	26.05.2022	26.08.2027
Medical First Aid	Azerbaijan	SN-1364-22	SMPA	20.10.2022	20.10.2027
Updating	Azerbaijan	XS-0964-22	SMPA	08.07.2022	29.06.2027
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0970-24	SMPA	19.12.2024	19.12.2029

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For Engineers (Please provide details)

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

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Other Experience

Azerbaijan Language : Native
 Turkish Language : Good
 Russian Language : Good

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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	-

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Insurance ,Health Related Documentation

Medical Certificate (Fit for Duty)	YES/NO	YES
Vaccination		
Yellow Fever	YES/NO	YES
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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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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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.

Signature

Date: 19.05.2025

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