



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 00L81TP
Position Applied for:	Master	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: KAMAL	Last Name: YOLCHUYEV	
Date of Birth: 24.07.1978	Place of Birth (City and Country): Azerbaijan, SALYAN	
Email: yolchiyevkamam@gmail.com	Mobile Number: (+994) 10 404 00 52	
Permanent Address: Khatai district , F.Bayramov 11/56, Azerbaijan	Expected Salary Per Month:-	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 70 758 11 66 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Aflatun	Yolchiyev	Male	Father	+994707581166

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	1994	1999	Bachelor

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Physical Data	
Height	175
Weight	90
Boilersuit Size	M
Shoes Size	43
Blood group	A(II)-
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	Honduras	057158	23.05.2025	Honduras	23.05.2030
Certificate of Competency	Honduras			Honduras	
Republic of Azerbaijan	Azerbaijan	C02709918	16.11.2019	Azerbaijan	15.11.2029
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	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
Leadership & Teamwork /Management Training	Honduras	ALS C-019/CH-03593	HMTC	07.05.2025	-
Marine Environmental awareness	Honduras	ALS C-018/CH08140	HMTC	07.05.2025	-
Minimum Standards of Competence in Medial Care	Honduras	ALS C-003/CH-08223	HMTC	07.05.2025	-
Radar /ARPA	Honduras	ALS C-017/CH-02114	HMTC	07.05.2025	-
Minimum Standards of Competence in Ship Security Officer	Honduras	ALS C-023/CH-08615	HMTC	07.05.2025	-
Proficiency in Survival Craft and Rescue Boats	Honduras	ALS C-006/CH-08301	HMTC	07.05.2025	-
GMDSS	Honduras	ALS C-015/CH-26833	HMTC	07.05.2025	-
Updating	Honduras	ALS C-031/ CH-02079	HMTC	07.05.2025	-
Minimum Standards of Competence in Advanced Fire Fighting	Honduras	ALS C-002/CH-09533	HMTC	07.05.2025	-
Minimum Standards of Competence in Safety Familiarization /Basic Training	Honduras	ALS C-001/CH-11335	HMTC	07.05.2025	-
Ship Handling Bridge Simulator	Honduras	ALS C-010/CH-03600	HMTC	07.05.2025	-
Minimum Standards of Competence in Security Awareness and Designated Security Duties	Honduras	ALS C-024/CH-04534	HMTC	07.05.2025	-
ECDIS	Honduras	ALS C-013/CH-03609	HMTC	07.05.2025	-

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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	-

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Other Experience

Azerbaijan Language : Native
 Russian Language : Good
 English Language ; Average
 Turkish 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	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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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.

Date: 04.06.2025

Signature

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