



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1	Position		identity card PIN Number 70CPWQG	
	Position Applied for:		Able Seafarer-Engine	
	Date Available from:		-	

2	Personal Information		Gender: Male	
	First Name: SEYIDAGHA		Last Name: HASHIMOV	
	Date of Birth: 10.06.2001		Place of Birth (City and Country): Azerbaijan, BAKU	
	Email: hesimov-seyid@mail.ru		Mobile Number: (+994) 51 359 29 07	
	Permanent Address: Buzovna settlement, Khazar district, Baku, Azerbaijan		Expected Salary Per Month: -	
	Nationality: Azerbaijan		Alternative rank applying for: -	
	Person to call in emergency: (+994) 50 591 01 06 Father			

3	Family Details: (If Unmarried kindly give details of Father / Mother)				
	First Name	Last Name	Gender	Relation	Contact
	Hashim	Hashimov	Male	Father	+994505910106

4	Maritime Education				
	Name of school	Country	From	To	Type of degree or diploma
	Kaspian Education Center	Azerbaijan	07.01.2022	04.07.2022	Course

5	Physical Data	
	Height	182
	Weight	76
	Boilersuit Size	XL
	Shoes Size	44
	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 020873		29.07.2022	Azerbaijan		29.07.2027
Certificate of Competency	Azerbaijan	RP11556		27.02.2025	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C03544986		21.10.2021	Azerbaijan		20.10.2031
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				-			

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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-1581-22	SMPA	18.04.2022	14.04.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1581-22	SMPA	18.04.2022	14.04.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-1581-22	SMPA	18.04.2022	14.04.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1581-22	SMPA	18.04.2022	14.04.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1581-22	SMPA	18.04.2022	14.04.2027
International Safety Management	Azerbaijan	SP-1093-22	SMPA	21.04.2022	21.04.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0873-22	SMPA	18.04.2022	18.04.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-0761-22	SMPA	19.04.2022	19.04.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0639-22	SMPA	25.04.2022	25.04.2027

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

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11	For Engineers (Please provide details)	
Generators	-	
Purifiers and Boilers	-	
Type of Cranes / No of Reefer Containers	-	

12	Other Experience
Azerbaijan Language : Native Turkish Language: Good Russian Language: Average	

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.-	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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