



APPLICATION FORM

1	Position	identity card PIN Number 1EAFQY6				
	Position Applied for:	Rating forming part of an engine-room watch				
	Date Available from:	-				

Personal Information	Gender: Male
First Name: ALEKSANDR	Last Name: SERGUNIN
Date of Birth: 23.12.1989	Place of Birth (City and Country): Azerbaijan, BAKU
Email: K82423316@gmail.com	Mobile Number: (+994) 51 637 47 70
Permanent Address: B.Nuriyev street, Nizami district, Baku, Azerbaijan	Expected Salary Per Month: -
Nationality: Azerbaijan	Alternative rank applying for:-

3	Family Details: (If Unmarried kindly give details of Father / Mother)										
	First Name	Last Name	Gender	Relation	Contact						
	Svetlana	Akhundova	Female	Mother	+994504867286						

4	Maritime Education	Maritime Education								
	Name of school	Country	From	То	Type of degree or diploma					
	Admiral Makarov National University of Shipbuilding	Ukraine	2020	2024	Bachelor					

Physical Data	
Height	190
Weight	90
Boilersuit Size	XXL
Shoes Size	45-46
Blood group	AB(IV)RH+

Seaman's Book & Identify Docs

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

DOCUMENT	COUNTRY	NU	MBER	DATE OF ISSUE	PLACE (OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK	031848	11.06.2025	Azerl	oaijan	11.06.2030
Certificate of Competency	Azerbaijan	RP17078		22.06.2025	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02	C02259849 22.08.2		Azerbaijan		21.08.2029
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	sons		-	•			

7 Professional Test

Professional Test Date	Name of Test	Score
-	-	-

License

8

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

STCW Certificates & Trainings Training Date Of **Issued Country** Certificate No. **Date Issued** Courses Center **Expiry** Azerbaijan SO-0259-25 **SMPA** 14.02.2025 14.02.2030 PERSONAL SURVIVAL TECHNICS FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-0259-25 **SMPA** 14.02.2025 14.02.2030 SO-0259-25 SMPA 14.02.2025 14.02.2030 **ELEMENTARY FIRST AID** Azerbaijan Azerbaijan PERSONAL SAFETY & SOCIAL RESPONSIBILITY SO-0259-25 SMPA 14.02.2025 14.02.2030 SO-0259-25 **SMPA** 14.02.2025 14.02.2030 SAFETY FAMILIARIZATION TRAINING Azerbaijan Azerbaijan **International Safety Management** SP-0196-25 SMPA 12.02.2025 07.12.2030 Proficiency in Survival Craft & Rescue 20.02.2030 **SMPA** 24.02.2025 SL-0292-25 Azerbaijan **Boats** Security Awareness Training For All SI-0237-25 SMPA 28.02.2025 Unlimited Azerbaijan Seafarers Security Training For Seafarers With SH-0164-25 **SMPA** 14.02.2025 Unlimited Azerbaijan **Designated Security Duties**

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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

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
-	-	-	-	-	-	-	-	-	-	-	-	-
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11	For Engineers (Please prov	ide details)
		-
	Generators	
	Purifiers and Boilers	-
	Type of Cranes / No of	

Other Experience

Reefer Containers

Azerbaijan Language; Native Russian Language: Native

Travel Documents 12

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	NO	-
US	YES/NO	NO	-
China	YES/NO	NO	-
Australia	YES/NO	NO	-

Insurance ,Health Related Documentation 13

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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16	References (Please give the name and address of your current or immediate past employer)		ast employer)
	Name of company	1_	2 -

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.

Signature

Date:	26.08.2025

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