

**UNITED ALLIANCE GROUP LTD**

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position		identity card PIN Number 6LM840M
Position Applied for:	Rating forming part of an engine-room watch	
Date Available from:	-	

2

Personal Information		Gender: Male
First Name: YAGUB	Last Name: HASHIMOV	
Date of Birth: 11.01.1999	Place of Birth (City and Country): Azerbaijan, DAVACHI	
Email: yaquhesimov@gmail.com	Mobile Number: (+994) 70 684 29 49	
Permanent Address: Aghalig village , Shabran district, Azerbaijan	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 70 694 27 87 Father		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Abdulhashim	Hashimov	Male	Father	+994706942787

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kaspian Education Center	Azerbaijan	09.04.2024	25.09.2024	Course

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Physical Data	
Height	180
Weight	75
Boilersuit Size	L
Shoes Size	44
Blood group	O(I)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 030342		07.11.2024	Azerbaijan		07.11.2029
Certificate of Competency	Azerbaijan	RP16190		24.10.2024	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C05083770		03.11.2024	Azerbaijan		02.11.2034
Seaman Book	Panama	P0201356A		06.02.2025	Panama		30.01.2030
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
-	-	-

8

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-3399-24	SMPA	06.09.2024	03.09.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3399-24	SMPA	06.09.2024	03.09.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-3399-24	SMPA	06.09.2024	03.09.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3399-24	SMPA	06.09.2024	03.09.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3399-24	SMPA	06.09.2024	03.09.2029
International Safety Management	Azerbaijan	SP-3068-24	SMPA	11.09.2024	11.09.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3056-24	SMPA	09.09.2024	09.09.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-3467-24	SMPA	29.08.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2856-24	SMPA	13.09.2024	Unlimited

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

[illegible]

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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	

12	Travel Documents																			
<table border="1"> <thead> <tr> <th>Name</th> <th>YES/NO</th> <th>Country</th> <th>Date pf Expire</th> </tr> </thead> <tbody> <tr> <td>Schengen</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>US</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>China</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>Australia</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> </tbody> </table>	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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US	YES/NO	NO	-																	
China	YES/NO	NO	-																	
Australia	YES/NO	NO	-																	

13	Insurance ,Health Related Documentation		
Medical Certificate (Fit for Duty)	MEDILUKS(19.11.2025-19.11.2027)	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: 09.12.2025

Signature

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