

**UNITED ALLIANCE GROUP LTD****AZERBAIJAN BRANCH**

APPLICATION FORM

1

Position	identity card PIN Number 2WLHBR
Position Applied for:	Officer in Charge of an Engineering Watch
Date Available from:	-

2

Personal Information	Gender: Male
First Name: HEYBAT	Last Name: EYVAZOV
Date of Birth: 20.08.1987	Place of Birth (City and Country): Azerbaijan, BAKU
Email: Hixaxa87@mail.ru	Mobile Number: (+994) 55 363 33 17
Permanent Address: Badamdar settlement, T.Mammadov, Baku, Azerbaijan	Expected Salary Per Month: 3200\$-4000\$
Nationality: Azerbaijan	Alternative rank applying for: -
Person to call in emergency: (+994) 50 366 28 38 Cousin	

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Niyamaddin	Suleymanov	Male	Cousin	+994556777002
				+994503662838

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2010	2014	Bachelor

5

Physical Data	
Height	175
Weight	90
Boilersuit Size	XXL
Shoes Size	41
Blood group	O(I)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 022052	26.11.2022	Azerbaijan	26.11.2027
Certificate of Competency	Azerbaijan	0008153	16.04.2024	Azerbaijan	16.04.2029
Republic of Azerbaijan	Azerbaijan	C03641484	20.06.2023	Azerbaijan	19.06.2033
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	-				

7

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	-	-	-

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-4403-22	SMPA	26.09.2022	23.09.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4403-22	SMPA	26.09.2022	23.09.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-4403-22	SMPA	26.09.2022	23.09.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4403-22	SMPA	26.09.2022	23.09.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4403-22	SMPA	26.09.2022	23.09.2027
International Safety Management	Azerbaijan	SP-2872-22	SMPA	27.09.2022	27.09.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2845-22	SMPA	16.09.2022	16.09.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-2563-22	SMPA	18.10.2022	28.09.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0392-24	SMPA	14.02.2024	14.02.2029
Eugenie-room resource management	Azerbaijan	ER-0038-24	SMPA	06.02.2024	06.02.2029
Leadership & Teamwork	Azerbaijan	DL-0113-24	SMPA	22.02.2024	22.02.2029
Advanced Training in Fire Fighting	Azerbaijan	SJ-0081-24	SMPA	31.01.2024	31.01.2029
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0433-23	SMPA	06.06.2023	31.05.2028
Crowd Management Training	Azerbaijan	SC-0211-22	SMPA	07.10.2024	07.10.2027
Medical First Aid	Azerbaijan	SN-0058-24	SMPA	23.01.2024	23.01.2029

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11

For Engineers (Please provide details)

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

12

Other Experience

Russian Language: Good
Turkish 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)

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)*

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: 24.12.2024

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