



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 600DJV9S
Position Applied for:	Officer in charge of an engineering watch
Date Available from:	-

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Personal Information		Gender: Male
First Name: ELCHIN	Last Name: TAYIBOV	
Date of Birth: 27.06.1995	Place of Birth (City and Country): Azerbaijan, KHACMAZ	
Email: elcin.tayibov@gmail.com	Mobile Number: (+994) 70 322 72 96	
Permanent Address: Gusarchay village , Khacmaz district, Azerbaijan	Expected Salary Per Month: 2800\$-3000\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 70 571 06 05 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Mahammad	Tayibov	Male	Father	+994705710605

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan State Marine Academy	Azerbaijan	2020	2024	Bachelor

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Physical Data	
Height	170
Weight	75
Boilersuit Size	M
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.}	

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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 028088		16.05.2024	Azerbaijan		16.05.2029
Certificate of Competency	Azerbaijan	0008367		25.12.2024	Azerbaijan		25.12.2029
Certificate of Competency	Azerbaijan	RP09679		09.07.2019	Azerbaijan		09.07.2029
Republic of Azerbaijan	Azerbaijan	C02438590		02.10.2019	Azerbaijan		01.10.2029
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
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-1597-24	SMPA	30.04.2024	30.04.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1597-24	SMPA	30.04.2024	30.04.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-1597-24	SMPA	30.04.2024	30.04.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1597-24	SMPA	30.04.2024	30.04.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1597-24	SMPA	30.04.2024	30.04.2029
International Safety Management	Azerbaijan	SP-1739-24	SMPA	30.05.2024	30.05.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1390-24	SMPA	10.05.2024	07.05.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-2140-24	SMPA	16.05.2024	Unlimited
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0240-23	SMPA	01.02.2023	31.01.2028
Eugenie-room resource management	Azerbaijan	ER-0030-23	SMPA	14.02.2023	14.02.2028
Leadership & Teamwork	Azerbaijan	DL-0004-23	SMPA	12.01.2023	12.01.2028
Advanced Training in Fire Fighting	Azerbaijan	SJ-0121-23	SMPA	29.01.2023	27.01.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0104-23	SMPA	14.02.2023	10.02.2028
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	SB-0335-24	SMPA	29.12.2024	29.12.2029
Medical First Aid	Azerbaijan	SN-1010-23	SMPA	23.06.2023	23.06.2028
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0606-24	SMPA	30.07.2024	30.07.2029
Crowd management training	Azerbaijan	SC-0134-24	SMPA	25.07.2024	Unlimited

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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
ASCO	M/V AGHDAM	Azerbaijan	Ro -Ro Cargo Ship	5946	B&W	8547	-	Able Seafarer Engine	01.06.2021	15.02.2022	8 months 14 days	End of Contract
ASCO	M/V NAKCHIVAN	Azerbaijan	Ro -Ro Cargo Ship	5946	MAN	8547	-	Able Seafarer Engine	15.02.2022	18.08.2022	6 months 3 days	End of Contract
ASCO	M/V AGHDAM	Azerbaijan	Ro -Ro Cargo Ship	5946	B&W	8547	-	Able Seafarer Engine	18.08.2022	21.02.2023	6 months 3 days	End of Contract
ASCO	M/V AGHDAM	Azerbaijan	Ro -Ro Cargo Ship	5946	B&W	8547	-	Able Seafarer Engine	21.02.2023	08.09.2023	6 months 18 days	End of Contract
ASCO	M/V GARABAG	Azerbaijan	Ro -Ro Cargo Ship	5946	MAN	8547	-	Able Seafarer Engine	08.09.2023	01.02.2024	4 months 24 days	End of Contract
ASCO	M/V NAKCHIVAN	Azerbaijan	Ro -Ro Cargo Ship	5946	MAN	8547	-	Able Seafarer Engine	01.02.2024	14.08.2024	6 months 13 days	End of Contract
ASCO	M/V SHAHDAG	Azerbaijan	Ro -Ro Cargo Ship	5946	MAN	8547	-	Able Seafarer Engine	14.08.2024	28.11.2024	3 months 14 days	End of Contract

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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
Russia Language ; Average
English Language : Average
Turkish Language ; Good

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: 23.01.2025

Signature

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