

2

4



## **APPLICATION FORM**

1	Position	identity card PIN Number 6EA378C
	Position Applied for:	Officer in Charge Of an Engineering Watch
	Date Available from:	25.01.2024

First Name: HIDAYAT	Last Name: SHIXHIYEV
Date of Birth: 10.02.1997	Place of Birth (City and Country): Azerbaijan, BAKU
Email: hidayet.sixiyev1997@bk.ru	Mobile Number: (+994) 50 344 28 88
Permanent Adress: Baku city, Bakhikanov	Expected Salary Per Month:
V	3000\$
Nationality: Azerbaijan	Alternative rank applying for:
	2 <sup>nd</sup> Eng

3	Family Details: (If Unmarried kindly give details of Father / Mother)							
	First Name	Last Name	Gender	Relation	Contact			
	Mayil	Shixhiyev	Male	Father	050 323 74 20			

Name of school	Country	From	То	Type of degree of diploma
Azerbaijan State Marine Academy	Azerbaijan	2014	2018	Bachelor
Azerbaijan State Marine Academy	Azerbaijan	2018	2021	Master

178
74
XL
43
AB(IV)RH+
а

6 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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF	ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 0173	18	17.03.2021	Azerbaijan		17.03.2026
Republic of Azerbaijan	Azerbaijan	C0360755	7	05.05.2021	Azerbaijan		04.05.2031
Certificate of Competency	Azerbaijan	0007538		26.07.2022	Azerbaijan		26.07.2027
Do you hold a US Vis	sa '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 rejec	Have you been rejected for any visa applied for?				NO		
If YES, please state	the country and re	asons		-			

## **Professional Test**

Professional Test Date	Name of Test	Score
-	-	-

## 8 Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA, BAKU	26.07.2027
Flag State Endorsements	-	-	-

9

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-0497-21	UAG	31.03.2021	31.03.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0497-21	UAG	31.03.2021	31.03.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0497-21	UAG	31.03.2021	31.03.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0497-21	UAG	31.03.2021	31.03.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0497-21	UAG	31.03.2021	31.03.2026
International Safety Management	Azerbaijan	SP-1851-22	UAG	21.06.2022	17.06.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0353-21	UAG	29.03.2021	19.03.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-0141-21	UAG	11.03.2021	26.02.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0336-21	UAG	05.05.2021	27.04.2026
Inert Gas System	Azerbaijan	SX-0020-23	UAG	23.02.2023	23.02.2028
Leadership & Teamwork	Azerbaijan	DL-1032-22	UAG	04.07.2022	30.06.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0207-21	UAG	12.03.2021	12.03.2026
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0454-22	UAG	19.07.2022	19.07.2027
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan	SB-0177-22	UAG	15.07.2022	15.07.2027
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan		UAG		
Medical First Aid	Azerbaijan	SN-0626-22	UAG	07.06.2022	07.06.2027
Dangerous, hazardous and harmful cargoes	Azerbaijan	SK-0421-22	UAG	07.07.2022	07.07.2027
Crowd Management training	Azerbaijan	SC-0136-21	UAG	16.06.2021	16.06.2026
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan	ER-0304-22	UAG	12.05.2022	12.05.2027

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

## **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	Merkuri 1	Azerbaijan	Ro -Ro	4350	6K45- 212	11450	-	Motorman	02.07.202 1	06.09.202 1	2 month	End of Contract
ASCO	Jabbar Hashimov	Azerbaijan	Oil Tanker	1236 5	Wartsila	7226		Motorman	11.01.202 2	21.04.202	3 month	End of Contract
ASCO	Shah I.Khatayi	Azerbaijan	Oil Tanker	1347 0	Wartsila	7834	-	3 <sup>RD</sup> Eng	20.08.202	01.12.202	3 month	End of Contract
ASCO	Zarifa Alieva	Azerbaijan	Ro-Ro Pax	8523	Wartsila	8523	-	3 <sup>RD</sup> Eng	28.03.202	13.07.202 3	3 month	End of Contract
ASCO	Zarifa Alieva	Azerbaijan	Ro-Ro Pax	8523	Wartsila	8523	-	3 <sup>RD</sup> Eng	02.10.202	11.01.202 4	3 month	End of Contract
				1								
									<b>Y</b>			
									/			
						<u> </u>						

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

	-				
Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
_					
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	-	
Insurance,Health Related	Documentation				
Medical Certificate (Fit for D	Outy)			YES/NO	YE
		Vaccina	ation		
Yellow Fever				YES/NO	NO
COVID-19				YES/NO	YE
Medical history					
Have you ever signed off a	•			YES/NO	NO
Have you ever signed off a	peration in the past	?		YES/NO	N(
Have you ever signed off a Have you undergone any op Have you consulted a doctor	peration in the past or during the last 12	? months for an illne	ss/accident?	YES/NO YES/NO	N(
Have you ever signed off a Have you undergone any op Have you consulted a doctor Do you have any health or consulted and the Have you consulted a doctor by you have any health or consulted and the Have you ever signed of a Have you ever signed off a Have you undergone any open signed off a Have you undergone any open signed off a Have you undergone any open signed off a Have you will be a Have you consulted a doctor of the Have you have any health or consulted a Have you have you have a Have you h	peration in the past or during the last 12 disability problems r	? months for an illne	ss/accident?	YES/NO YES/NO YES/NO	NO NO
Have you ever signed off a second Have you undergone any operation Have you consulted a doctor Do you have any health or composition Do you take any medication	peration in the past' or during the last 12 disability problems r ns regularly?	? months for an illne now?		YES/NO YES/NO YES/NO YES/NO	NO NO
Have you ever signed off a Have you undergone any op Have you consulted a doctor Do you have any health or consulted a doctor by you have any health or consulted a doctor by your have any health or consulted and the same and t	peration in the past' or during the last 12 disability problems r ns regularly?	? months for an illne now?		YES/NO YES/NO YES/NO YES/NO	
Have you ever signed off a second of the Have you undergone any of the Have you consulted a doctor Do you have any health or to Do you take any medication (If the answer is YES to a	peration in the past' or during the last 12 disability problems r ns regularly?	? months for an illne now?		YES/NO YES/NO YES/NO YES/NO	NO NO
Have you ever signed off a second of the Have you undergone any of the Have you consulted a doctor Do you have any health or of Do you take any medication (If the answer is YES to a General	peration in the past' or during the last 12 disability problems r ns regularly? any of the above, pl	? months for an illne now? ease give full detai	ls and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary)	NO NO NO
Have you ever signed off a second of the Have you undergone any of the Have you consulted a doctor Do you have any health or of Do you take any medication (If the answer is YES to a General Have you ever been the sub-	peration in the past' or during the last 12 disability problems r ns regularly? any of the above, pl	? months for an illne now? ease give full detai	ls and attach a separate	YES/NO YES/NO YES/NO YES/NO page if necessary)	NO NO NO
Have you ever signed off a second process of the second process of	peration in the past' or during the last 12 disability problems r as regularly? any of the above, pl  pject of a court of en sional license suspe	months for an illne now? ease give full detai	Is and attach a separate	YES/NO YES/NO YES/NO YES/NO Page if necessary)	No No No
Have you ever signed off a second of the Have you undergone any of the Have you consulted a doctor Do you have any health or of Do you take any medication (If the answer is YES to a General Have you ever been the sub-	peration in the past' or during the last 12 disability problems r as regularly? any of the above, pl  pject of a court of en sional license suspe	months for an illne now? ease give full detai	Is and attach a separate	YES/NO YES/NO YES/NO YES/NO page if necessary)	No No No

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

16 References (Please give the name and address of your current or immediate past employer)

Name of company	1.ASCO	2
Name of person to contact	Ziya Bey	-
Address	-	-
☎ No.	+994 55 999 91 72	-

17 Declaration

I hereby declare that the above particulars are true and authorise you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with my signature.

15.01.2024 Date:

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair