



Assessment Center Evaluation Form

مجلس أبوظبي
للجودة والمطابقة
Abu Dhabi Quality &
Conformity Council



The following form is for the Assessment Center Empanelment with Quality assurance process, under which the Assessment Centers' are evaluated against the required requirements. The Empanelment focuses on learning, self-development and encourages the Assessment Center to pursue continual excellence. The process involves guarding the Assessment Centers as per their adherence to the laid down assessment Center evaluation guidelines digitally and physically.

Assessment Center Details

	To be filled by Assessment Center	To be filled by Evaluator
Name of Assessment Center Provider	Chadi Ali	
Assessment Center Name	Aman Public Transport	
Type of Assessment Center, please specify from below options: (1) TP Owned (2) Proprietorship (3) Outsourced (4) Franchised	Proprietorship	
Website (if any)		
Social Media Link (if any)		
Availability of Security/ Security Guards at the Center? Please specify - Yes/ No	Yes	
Availability of Biometric Attendance System	Yes	
Proximity of Center to Public Transport System, please specify from below options: (1) 0 - 3 Km (2) 3.1 - 5 Km (3) 5.1 - 10 Km (4) More than 10 Km	1	
Name of Nearest Bus/Metro/Railway Station	ITC Bus Depot	
Building Status, please specify from below options:		
1. Stand Alone Building	1. Stand Alone Building	
2. Industrial/Commercial Building		
3. Educational Institute/Residential Building		
Type of Construction of Building, please specify from the below options: (1) Pre fabricated (2) Not pre fabricated		
Is the Assessment Center well plastered, colored distempered/whitewashed, please specify - Yes/ No	yes	
Assessment Center walls and roof made of Tin / Bamboo sheets, please specify Yes/ No	yes	
Center Floor is cemented and furnished, please specify - Yes/ No	yes	

Center Floor is tiled, please specify - Yes/ No	yes	
Front Face of the Building, please specify from the below options:		
1. Glass and aluminium sliding window		
2. Glass Cover	yes	
3. Reinforced Cement Concrete (RCC)	RCC	
4. Others		
Approach Road to the Center (Please write the approximate width of the Road approaching the Center Entrance)	Attached to the main road	
Is the Center easily accessible, please specify - Yes/ No	yes	
Availability of Internet, please specify from below options:		
1. Speed of 1 MBPS and above	Speed of 1 MBPS and above	
2. Speed of Less Than 1 MBPS & Greater Than 512 KBPS		
3. Speed of Less Than 512 KBPS		
4. Internet not Available		
Adequate Power Backup (UPS/ GenSet/Inverter) Please specify - Yes/ No	yes	
Contact Details		
SPOC Name	Chadi Ali	
SPOC Mobile	508182165	
SPOC Alternate Number	24467519	
SPOC Email ID	chadi.wehbe@amanpt.com	
Name of Center Principal/ Director	Tariq Quwaider Abubakar	
Contact Number of Center Principal/ Director	508113637	
Email Address of Center Principal/ Director	tareq.bafleh@amanpt.com	
Commendations and International Affiliations		
Affiliation Name		
Type of Affiliation, please specify from below options: (1) National (2) International	National level	

Center Address		
Country	United Arab Emirates	
Province/State	Abu Dhabi	
City/Area	Abu Dhabi	
Landmark	ITC Bus Depot	
Address Lane 1	Aman Public Transport, AbuDhabi, UAE	
Pin Code / ZIP Code	P O Box: 2027	
Center Area Details		
Total Assessment Center Area (Sq.M / Sq.Ft) (The Total Center Area should be a sum of Total Theoretical Lab Area, Total Lab Area, and other Center Areas)	160 Sq. M	
Theoretical Lab Area (Sq.M / Sq.Ft)	75 Sq. M	
Computer Lab Area (Sq.M / Sq.Ft)	85 Sq. M	
Is the entire Center situated at Ground Floor?	Yes	
Other Details		
Availability of Air Conditioning	Yes	
Availability of CCTV Camera with Recording Facility, please specify - Yes/ No	yes	
Number of Computer Labs available	1	
Number of computers/Tablets/Laptops	15	
Reception Area availability	yes	
Registration PC/Laptop	yes	
Printer	yes	
Camera for validation of the candidates attached to the registration PC	yes	
Waiting Area for candidates while validation process	yes	
Availability of Dustbin in the Room, please specify - Yes/ No	yes	
Facilities		
	To be filled by Assessment Center	To be filled by Evaluator
Differently Abled Friendly Details		
Availability of Ramps at the entrance of the Center, please specify - Yes/ No	yes	
Availability of Lifts in case the Center is extended to other floors(besides ground floor), please specify - Yes/ No		
Hygiene and Sanitation		
Availability of a Dedicated Housekeeping Staff, please specify - Yes/ No	Yes	
Washroom is Clean and Hygienic, please specify - Yes/ No	Yes	
Availability of Daily inspection card/ checklist in the Washroom, please specify - Yes/ No	yes	
Availability of Safe Drinking Water, please specify from below options: (1) Reverse Osmosis (2) Water Purifier (3) Packaged Drinking Water Dispenser (4) None	Packaged Drinking Water	

Center Staff Details		
	To be filled by Assessment Center	To be filled by Evaluator
Availability of Following Staff:		
1.Receptionist / Front Office Coordinator - Yes/No	Yes	
2.Counselor - Yes/No	Yes	
3.Administration Officer - Yes/No	Yes	
4.IT Coordinator - Yes/No	Yes	
Kindly add rows to provide above Information for additional Staff		
Job Role Details		
	To be filled by Assessment Center	To be filled by Evaluator
	Job Role	
Skill Sector 1	Transportation	
Job Role 1	Public Bus	
Skill Sector 2		
Job Role 1		
Job Role 2		
Kindly add rows to provide above Information for additional Job Roles		
Laboratory Details		
	To be filled by Assessment Center	To be filled by Evaluator
	Lab 1	
Laboratory Title		
Availability of Internet	Yes	
Availability Of Air Conditioner, please specify - Yes/ No	Yes	
Carpet Area (In Sq.Ft)	Theory Lab (75 Sq. M)	
Availability of Dustbin in the Lab, please specify - Yes/ No	Yes	
Contact of Fire Brigade, Ambulance , Hospital Emergency Numbers displayed in the Lab, please specify - Yes/ No	Yes	
Kindly add rows to provide above Information for additional Labs		

Medical & Safety		
Availability of Fire Fighting Equipment	Yes	
Specify the type of Fire Extinguisher	Co2	
Fire Fighting hose Pipe Yes/No	yes	
Is the First Aid kit wall mounted at the Center, please specify Yes/ No	yes	
Contact of Fire Brigade , Ambulance, Hospital, Emergency Numbers displayed in the Reception Area, please specify Yes/ No	Yes	
Assessor(s)' Details		
	To be filled by Assessment Center	To be filled by Evaluator
Availability of Trained Staff as Per Occupation - Yes/No	N/A	
Name	N/A	
Sector	N/A	
Jobrole	N/A	
Education Background	N/A	
Total Years of Experience	N/A	
Out of Total Experience, Sector related experience (in yrs)	N/A	
Out of Total Experience, Teaching Industry experience (in yrs)	N/A	
Email	N/A	
Mobile Number	N/A	
To be Filled by Evaluator		
Recommended		
Provisional		
Not Recommended		
Reinspection Yes/No		If Yes, Provide Date of Inspection :
Remarks :		