

Assessment Center Evaluation Form



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 garding 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	Dhabi Vocational Education and Training Instit	Dhabi Vocational Education and Training Institute	
Assessment Center Name	ADVETI assessment center		
Type of Assessment Center, please specify from below options: (1) TP Owned) (2) Proprietorship (3) Outsourced (4) Franchised	1		
Website (if any)	https://www.adveti.ac.ae/		
Social Media Link (if any)	https://www.instagram.com/adveti_abudhabi/		
Availability of Security/ Security Guards at the Center? Please specify - Yes/ No	Yes		
Availability of Biometric Attendance System	No		
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	3		
Name of Nearest Bus/Metro/Railway Station	Shahama		
Building Status, please specify from below options:	•		
1. Stand Alone Building	Yes		
2. Industrial/Commercial Building	No		
3. Educational Institute/Residential Building	Yes		
Type of Construction of Building, please specify from the below options: (1) Pre fabricated (2) Not pre fabricated	Not Pre-Fab		
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	Sandwich panel-Roof		
Center Floor is cemented and furnished, please specify - Yes/ No	Yes		

Center Floor is tiled, please specify - Yes/ No	No		
Front Face of the Building, please specify from the below options:			
1. Glass and aluminium sliding window	Yes		
2. Glass Cover	Yes		
3. Reinforced Cement Concrete (RCC)	Yes		
4. Others			
Approach Road to the Center (Please write the approximate width of the Road approaching the Center Entrance)	2 lane		
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	Yes		
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			
Contact Details			
SPOC Name	Dr. Ghassan Frache		
SPOC Mobile	561882354		
SPOC Alternate Number			
SPOC Email ID	ghassan.frache@actvet.gov.ae		
Name of Center Principal/ Director	Dr. Maktoum Rashed Al Kaabi		
Contact Number of Center Principal/ Director	561882341		
Email Address of Center Principal/ Director	maktoum.alkaabi@actvet.gov.ae		
Commendations and International Affiliations			
Affiliation Name	National Qualification center (NQC)		
Type of Affiliation, please specify from below options: (1) National (2) International	1		

Center Address		
Country	United Arab Emirates	
Province/State	Abu Dhabi	
City/Area	Al Shahama	
Landmark	Zayed Military City	
Address Lane 1		
Pin Code / ZIP Code		
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)	246 Sq. M	
Theoretical Lab Area (Sq.M / Sq.Ft)	8 x 7.3 m= 58 Sq. M	
Computer Lab Area (Sq.M / Sq.Ft)	8 x 14.7 m= 118 Sq. M - 2 rooms combined	
Is the entire Center situated at Ground Floor?	No	
Other Details	·	
Availability of Air Conditioning	Yes	
Availability of CCTV Camera with Recording Facility, please specify - Yes/ No	Yes	
Availability of Dustbin in the Room, please specify - Yes/ No	Yes	
Facilities 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	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	3	

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	To be filled by Evaluator
Skill Sector 1	Engineering and technical skills	
Job Role 1	Technician	
Skill Sector 2	Engineering and technical skills	
Job Role 1	Trainer	
Job Role 2	Assessor	
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	To be filled by Evaluator
Laboratory Title	warehouse-3	
Availability of Internet	Yes	
Availability Of Air Conditioner, please specify - Yes/ No	Yes	
Carpet Area (In Sq.Ft)	No	
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		

Availability of Fire Fighting Equipment Specify the type of Fire Extinguisher Fire Fighting hose Pipe Yes/No Sis the First Aid kit wall mounted at the Center, please specify Yes/ No Contact of Fire Brigade, Ambulance, Hospital, Emergency Numbers displayed in the Reception Area, please specify Yes/ No Contact of Fire Brigade, Ambulance, Hospital, Emergency Numbers displayed in the Reception Area, please specify Yes/ No Assessor(s) Details To be filled by Assessment Center Yes Availability of Trained Staff as Per Occupation - Yes/No Name Essar Abdelkareem/ MOHAMMED KMAIL Sector Believing Assessor Beletrical and Electronic Engineering Biotrolle Beletrical & Electrical Engineering Assessor Beletrical & Electronic Engineering Cottal Years of Experience Essar (15), Mohammed (14) Dut of Total Experience, Ecetor in Industry experience (in yrs) Email Mobile Number To be filled by Evaluator Essar (15), Mohammed (7) Essar (16), Mohammed (7) Essar (17), Mohammed (7) Essar (18), Mohammed	Andrea O Cafette		
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Is the First Aid kit wall mounted at the Center, please specify Yes/ No Contact of Fire Brigade , Ambulance, Hospital, Emergency Numbers displayed in the Reception Area, please specify Yes/ No **Reseasor(s)* Details** **To be filled by Assessment Center** **To be filled by Evaluator** Yes **Navailability of Trained Staff as Per Occupation - Yes/No Name **Sear Abdelkareem/ MOHAMMED KMAIL** Sector **Bectrical and Electronic Engineering **Dobrole** **Electrical and Electronic Engineering **Dobrole** **Electrical Engineering Assessor** **Electrical E	Specify the type of Fire Extinguisher	Carbon Dioxide & DCP	
Assessor(s) Details To be filled by Assessment Center Availability of Trained Staff as Per Occupation - Yes/No Name Essar Abdelkareem/ MOHAMMED KMAIL Sector Borrow Education Background Electrical Engineering Assessor Education Background Electrical Experience, Sector related experience (in yrs) Essar (15), Mohammed (14) Out of Total Experience, Teaching Industry experience (in yrs) Email Mobile Number To be filled by Evaluator To be filled by Evaluator To be filled by Fvaluator To be filled by Fvaluator To be filled by Fvaluator Fessar (31), Mohammed (7) Essar (8), Mohammed (7) Essar (7), Mohammed (7) Endil Center of the Experience (in yrs) Email Mobile Number To be filled by Evaluator Recommended Ferovisional Not Recommended Reinspection Yes/No If Yes, Provide Date of Inspection:	Fire Fighting hose Pipe Yes/No	No	
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Education Background Electrical & Electronics Engineering Total Years of Experience Out of Total Experience, Sector related experience (in yrs) Out of Total Experience, Teaching Industry experience (in yrs) Essar (8), Mohammed (7) Essar (7), Mohammed (7) Essar (7), Mohammed (7) Essar (8), Mohammed (8) Essar (8)	Sector	Electrical and Electronic Engineering	
Total Years of Experience Essar (15), Mohammed (14) Out of Total Experience, Sector related experience (in yrs) Out of Total Experience, Teaching Industry experience (in yrs) Email Email Mobile Number Essar (7), Mohammed (7) Essar (8), Mohammed (7) Essar (7), Mohammed (7) Essar (8), Mohammed (8) Essar (8), Mo	Jobrole	Electrical Engineering Assessor	
Out of Total Experience, Sector related experience (in yrs) Out of Total Experience, Teaching Industry experience (in yrs) Email Mobile Number To be Filled by Evaluator Recommended Provisional Not Recommended Reinspection Yes/No I Essar (8), Mohammed (7) Essar (7), Mohammed (7) Essar (7), Mohammed (7) Essar (8), Mohammed (7) Essar (7), Mohammed (7) Essar (8), Mohammed (8) Essar	Education Background	Electrical & Electronics Engineering	
Out of Total Experience, Teaching Industry experience (in yrs) Email Mobile Number To be Filled by Evaluator Recommended Provisional Not Recommended Reinspection Yes/No I Essar (7), Mohammed (7) Essar,gafar@actvet.gov.ae; mohammed.kmail@actvet.gov.ae Essar(971 507517357), Mohammed (+971547967723) To be Filled by Evaluator If Yes, Provide Date of Inspection:	Total Years of Experience	Essar (15), Mohammed (14)	
Email Bessar.gafar@actvet.gov.ae; mohammed.kmail@actvet.gov.ae Essar(971 507517357), Mohammed (+971547967723) To be Filled by Evaluator Recommended Provisional Not Recommended Reinspection Yes/No If Yes, Provide Date of Inspection:	Out of Total Experience, Sector related experience (in yrs)	Essar (8), Mohammed (7)	
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Mohammed (+971547967723) To be Filled by Evaluator Recommended Provisional Not Recommended Reinspection Yes/No If Yes, Provide Date of Inspection:	Lilian		
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Provisional Not Recommended Reinspection Yes/No If Yes, Provide Date of Inspection:	To be Filled by Evaluator		
Not Recommended Reinspection Yes/No If Yes, Provide Date of Inspection:	Recommended		
Reinspection Yes/No If Yes, Provide Date of Inspection :	Provisional		
	Not Recommended		
Remarks :	Reinspection Yes/No		If Yes, Provide Date of Inspection :
	Remarks :		



مؤسسة تدريبية معتمدة Registered Training Provider

معهد أبوظبي للتعليم والتدريب المهني ادفيتي

Abu Dhabi Vocational Education and Training Institute - Registered Training Provider

AD021600231

Registered Training Provider Approved for the period of three years:

مؤسسة تدريبية معتمدة لمدة ثلاث سنوات:

12-May-2022 to 11-May-2025



AD021600231.1

National Qualifications Center

المركز الوطنى للمؤهلات