



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 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	Emirates Transport Training Centre	
Assessment Center Name	Emirates Transport Training Centre	
Type of Assessment Center, please specify from below options: (1) TP Owned (2) Proprietorship (3) Outsourced (4) Franchised	TP Owership	
Website (if any)	https://etdi.gov.ae/	
Social Media Link (if any)	https://www.facebook.com/etdi.institute	https://www.instagram.com/etdi.institute
Availability of Security/ Security Guards at the Center? Please specify - Yes/ No	yes - 24x7 for all locations	
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	0-3kms	
Name of Nearest Bus/Metro/Railway Station	Baniyas Bus Depot	
Building Status, please specify from below options:		
1. Stand Alone Building		
2. Industrial/Commercial Building		
3. Educational Institute/Residential Building	Educational /Training Centre and Training Stations, Training Halls	
Type of Construction of Building, please specify from the below options: (1) Pre fabricated (2) Not pre fabricated	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	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)	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	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	No	
Contact Details		
SPOC Name	Ali Humaid Ali AlHashimi <	
SPOC Mobile	+971564020069	
SPOC Alternate Number	+91742336559	
SPOC Email ID	AliHA@et.ae>	
Name of Center Principal/ Director	Abdalla Abdelrahman Mohamed	
Contact Number of Center Principal/ Director	+971569931000	
Email Address of Center Principal/ Director	<AbdallaAM@et.ae>	
Commendations and International Affiliations		
Affiliation Name		
Type of Affiliation, please specify from below options: (1) National (2) International		

Center Address		
Country	UAE	
Province/State	Abu Dhabi	
City/Area	Abu Dhabi	
Landmark	Emirates Transport	
Address Lane 1	Baniyas , Abu Dhabi	
Pin Code / ZIP Code	5757	
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)		
Theoretical Lab Area (Sq.M / Sq.Ft)		
Computer Lab Area (Sq.M / Sq.Ft)		
Is the entire Center situated at Ground Floor?		
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		
	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	yes	
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 dispensers	

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	Motorcyclist	
Job Role 1	Motorcyclist	
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	Computer Labs and Training Halls	
Availability of Internet	yes	
Availability Of Air Conditioner, please specify - Yes/ No	yes	
Carpet Area (In Sq.Ft)		
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	Dry Powder abd Carbon Dioxide Fire Extinguisher	
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	yes	
Name		
Sector		
Jobrole		
Education Background		
Total Years of Experience		
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		If Yes, Provide Date of Inspection :
Remarks :		