



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 DRIVING COMPANY | |
| Assessment Center Name | Emirates Driving ALN | |
| Type of Assessment Center, please specify from below options: (1) TP Owned (2) Proprietorship (3) Outsourced (4) Franchised | | |
| Website (if any) | www.edcad.ae | |
| Social Media Link (if any) | edcabdudhabi (instagram) | |
| Availability of Security/ Security Guards at the Center? Please specify - Yes/ No | Yes 14 Nos | |
| 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 | 0.3 Km | |
| Name of Nearest Bus/Metro/Railway Station | St 71 / Emirate Driving / Al Noud Area | |
| Building Status, please specify from below options: | | |
| 1. Stand Alone Building | Yes | |
| 2. Industrial/Commercial Building | | |
| 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 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 | No | |
| 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) | | |
| 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 | Yes | |
| Contact Details | | |
| SPOC Name | Mubarak | |
| SPOC Mobile | 055-9984482 | |
| SPOC Alternate Number | | |
| SPOC Email ID | m.omar@edcad.ae | |
| Name of Center Principal/ Director | Mubarak | |
| Contact Number of Center Principal/ Director | 055-9984482 | |
| Email Address of Center Principal/ Director | m.omar@edcad.ae | |
| Commendations and International Affiliations | | |
| Affiliation Name | | |
| Type of Affiliation, please specify from below options: (1) National (2) International | | |

| | | |
|--|---|---------------------------|
| Center Address | | |
| Country | United Arab Emirates | |
| Province/State | Abu Dhabi | |
| City/Area | ALain | |
| Landmark | | |
| 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) | 500.41 Sq.m | |
| Theoretical Lab Area (Sq.M / Sq.Ft) | Class rooms + Safety Hall = 289.96 Sq.m | |
| Computer Lab Area (Sq.M / Sq.Ft) | Lab 1,2&3 = 210.45 Sq.m | |
| 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 /233 Cameras | |
| Number of Computer Labs available | 3 | |
| Availability of Theory lab devices (Specify the device and No of computers/Tablets/Laptops) | | |
| Availability of Practical lab devices (Specify the device and No of Tablets available) | | |
| Reception Area availability | yes | |
| Registration PC/Laptop | yes | |
| Camera for validation of the candidates attached to the registration PC | yes | |
| Availability of Printer | yes | |
| Waiting Area for candidates while validation process | yes | |
| Availability of TV | yes /6 nos | |
| Marketing material - Availability of Branding collateral alined as per QCC/UAC guidelines | 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 (in Tower) | |

| | | |
|--|-----------------------------------|---------------------------|
| 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 Water Dispensor | |
| 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 | | |
| 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 | | |
| Job Role 1 | | |
| 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 Lab | |
| 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 | Yes | |
| Fire Fighting hose Pipe Yes/No | DCp c02/wet chmical/ foam extinusher | |
| 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 | Khalid Said | |
| Sector | Operations | |
| Jobrole | Senior Trainer | |
| Education Background | High School | |
| Total Years of Experience | 11 | |
| Out of Total Experience, Sector related experience (in yrs) | 7 | |
| Out of Total Experience, Teaching Industry experience (in yrs) | | |
| Email | k.shah@edcad.ae | |
| Mobile Number | 529891521 | |
| Assessor's 'CV' Submission | | |
| To be Filled by Evaluator | | |
| Recommended | | |
| Provisional | | |
| Not Recommended | | |
| Reinspection Yes/No | | If Yes, Provide Date of Inspection : |
| Remarks : | Evaluation Date: | |
| | Evaluator Name: | |
| | Evaluator Designation: | |
| | Evaluator Signature | |