

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	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)		Web site is not available
Social Media Link (if any)		social media link is not available
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		NA
3. Educational Institute/Residential Building		NA
Type of Construction of Building, please specify from the below options: (1) Pre fabricated (2) Not 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		Yes
2. Glass Cover	yes	✓
3. Reinforced Cement Concrete (RCC)	RCC	No
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	Speed of 100 MBPS & above
2. Speed of Less Than 1 MBPS & Greater Than 512 KBPS		NA
3. Speed of Less Than 512 KBPS		NA
4. Internet not Available		NA
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.bafieh@amanpt.com	✓
Commendations and International Affiliations		
Affiliation Name		NA
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, Abu Dhabi, 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	15 - Tabs
Reception Area availability	yes	✓
Registration PC/Laptop	yes	✓
Availability of 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		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	Opt-(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	
Skill Sector 1	Transportation	✓
Job Role 1	Public Bus	✓
Skill Sector 2		NA
Job Role 1		NA
Job Role 2		NA
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	CO2 & ABC
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	N/A - 3rd party Assessor's
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	Recommended	
Provisional	- NA -	
Not Recommended	- NA -	
Reinspection Yes/No	NO	If Yes, Provide Date of Inspection : -
Remarks :		

Remarks: The assessment center is equipped with essential physical facilities and meets the required standards for functionality and accessibility.

05/02/25