Assessment Center Evaluation Form



Employers across the region to maintain a cadre of highly skilled employees meeting the current market trends. workforce and facilitate hiring of skill certified workforce from various countries of origin. Our aim is to offer skill assessment and certification solutions to enhance the productivity of the existing **Overview**: UAC has been established with a principle to provide innovative solutions to Government's and



to the laid down assessment Center evaluation guidelines digitally and physically. The Center empanelment helps to process effective management and deliver competency based training. learning, self-development and encourages the Assessment Center to pursue continual excellence. The process involves UAC evaluation to grade the Assessment Centers as per their adherence The following form is for the Center Empanelment with Quality assurance process, under which the Assessment Center's are evaluated against the required parameters. Empanelment focuses on

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Assessment Center Details		A STATE OF THE PARTY OF THE PAR
	To be filled by Assessment Center	To be filled by Inspector
Name of Assessment Center Provider	Omorphia	۲.
Assessment Center Name	ABC Training Center	
Type of Assessment Center, please specify from below options:	c	<
(1) TP Owned) (2) Proprietorship (3) Outsourced (4) Franchised	TP Owned	<
Website (if any)	www.abc.com	
Social Media Link (if any)	https://www.ahc.ac/	
Availability of Security/ Security Guards at the Center? Please specify - Yes/ No	Abo.	
Availability of Biometric Attendance System	Yps	
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	2	
Name of Nearest Bus/Metro/Railway Station	ARC-1 Bus station	
Building Status, please specify from below options:		<
1. Stand Alone Building	Yes	
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	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	Voc	
Front Face of the Building, please specify from the below options:	631	<
1. Glass and aluminium sliding window	ANA	1
2. Glass Cover	NA NA	4
3. Reinforced Cement Concrete (RCC)	2	1
4. Others	res	<
	NA	1
Approach Road to the Center (Please write the approximate width of the Road approaching the Center Entrance)	XYZ 1 - Main Road, GHI - Street,	<
Is the Center easily accessible, please specify - Yes/ No	Vec	
Availability of Internet, please specify from below options:		<
1. Speed of 1 MBPS and above	SMRPS	
2. Speed of Less Than 1 MBPS & Greater Than 512 KBPS	NA AN	<
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	Alphabet	
SPOC Mobile	971 - 987654321	1
SPOC Alternate Number	971 - 123456789	
SPOC Email ID	alpha@gmail.com	
Name of Center Principal/ Director	Gama	
Contact Number of Center Principal/ Director	971 - 895623121	
Email Address of Center Principal/ Director	capital@gmail.com	\
Commendations and International Affiliations		
Affiliation Name	Alphabet Education	\
Type of Affiliation, please specify from below options: (1) National (2) International	International	~

<	Water Purifier	(1) Reverse Osmosis (2) Water Purifier (3) Packaged Drinking Water Dispenser (4) None
<	Yes	Availability of Daily Inspection Card/ checklist in the Washroom, please specify - Yes/ No
	Yes	Washroom Is Clean and Hygienic, please specify - Yes/ No
. <	Yes	Availability of a Dedicated Housekeeping Staff, please specify - Yes/ No
		Hygiene and Sanitation
	Yes	Availability of Lifts in case the Center is extended to other floors(besides ground floor), please specify - Yes/ No
<	Yes	Availability of Ramps at the entrance of the Center, please specify - Yes/ No
		Differently Abled Friendly Details
To be filled by Inspector	To be filled by Assessment Center	
THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN		Facilities
	Yes	Availability of Dustbin in the Room, please specify - Yes/ No
?	Yes	Availability of CCTV Camera with Recording Facility, please specify - Yes/ No
<	Yes	Availability of Air Conditioning
The state of the s		Other Details
	Ground and 1st Floor	Is the entire Center situated at Ground Floor?
<	200 Sq.M	Computer Lab Area (Sq.M / Sq.Ft)
	100 Sq.M	Theoretical Lab Area (Sq.M / Sq.Ft)
<	2000 Sq.M	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)
		Center Area Details
	564213	Pin Code / ZIP Code
	Hamdan Street	Address Lane 1
7	Electra Park	Landmark
<	Tourist Club Area	City/Area
<	ABUDHABI	Province/State
<	UAE	Country
The state of the s		Center Address

Center Staff Details		Harris Control of the
	To be filled by Assessment Center	To be filled by Inspector
Availability of Following Staff:		and the second second
1.Receptionist / Front Office Coordinator - Yes/No	Yes	5
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	
	Job Role	to be filled by inspector
Skill Sector 1	Beauty & Weliness	
Job Role 1	Microblading	\
Skill Sector 2	Construction	
Job Role 1	Shuttering Carpenter	>
Job Role 2	Block & Plaster Mason	
Kindly add rows to provide above Information for additional Job Roles		
Laboratory Details		
	To be filled by Assessment Center	To be filled to
	Lab 1	to be filled by inspector
Laboratory Title	Microblading	
Availability of Internet	Yes	<
Availability Of Air Conditioner, please specify - Yes/ No	Yes	<.
Carpet Area (In Sq.Ft)	500Sq.Mtr	5
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	A.B.C.D AND E	
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 Inspector
Availability of Trained Staff as Per Occupation - Yes/No	Yes	
Name	Gurlal	< "
Sector	Construction	7
Jobrole	Shuttering Carpenter	\
- Liver Books Outline	Diploma	<
Total Years of Experience	12Yr 3 Months	?
Out of Total Experience, Sector related experience (in yrs)	10 Yr 2 Months	ς.
Out of Total Experience, Teaching Industry experience (in yrs)	10Yr 2 Months	
Email	Gurlal@gmail.com	("
Mobile Number	971-12321232	
To be Filled by UAC Inspector		
Recommended		Per concentration
Provisional		TECOPIE CONSC
Not Recommended		
Reinspection Yes/No		If Yes, Provide Date of Inspection
Remarks :		
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DESART: THE CENTER SPECIFICATIONS ARE AS PER THE REGULRED STANDARDS. - JAICREASE THE STORAGE OF CCTV HARD DISK CAPACATY
FROM 5 TO 10 TO

50/20/51 January