III/15/06/01

**TERTIARY AND VOCATIONAL EDUCATION COMMISSION (TVEC)**

**Details of Final Assessment**

|  |
| --- |
| This form should be filled on completion of a Final Assessment, signed by the Assessors and submitted to the Director in charge for the assessment of the training institute.  TVEC Reg. No. P{/Occupation/Sector …………..……………………. Name of the Training Center …………………………………..…………………. National Competency Standard code ………………………………………………………S.  |

1. Total number of candidates summoned for the assessment…………………………..…
2. Number of candidates assessed :

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of Assessment** | **No. of candidates Assessed** | **Dates of Assessment** | **No. of candidates Assessed** |
| 1st Day |  Y m d |  | 4th day |  Y M D |  |
| 2nd day |  |  | 5th day |  |  |
| 3rd day |  |  | 6th day  |  |  |

1. Name and address of place(s) of assessment (if not at the Training Centre given above)

 …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...

|  |
| --- |
| 1. This should be signed by the Head of the Training Institute or an designated by him

I certify that the Final Assessment of the candidates were carried out by Assessors at this Training centre/at the place(s) given in item 3 above.I have checked and accepted from the Assessor the Final Assessment Record Books and other evidences of the candidates who were assessed and entered on page 2 of this form.…………………… ………………………… ……………………………. Name Signature Date  ……………………… Designation  |

1. Comments of the Assessors (if any)

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

|  |
| --- |
| We certify that the information furnished in this report are true and correct.Signature of the Assessor 1 : Signature of the Assessor 2 : Name : Name : Assessor Reg. No/Licence No : Assessor Reg. No/Licence No :Date : Date :  |