III/15/06/01

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

**Details of Final Assessment**

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| 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)

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| 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)

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| 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 : |