COMPETENCY BASED ASSESSMENTS

This form should be filled on completion of a Competency Based Assessment, signed by the Assessors and submitted to the NVQ Assessment Division,NAITA Rajagiriya.

Ref. No

Occupation ……..…….

Qualification No. …….

Name & Address of the Training Institute
……..…….
……

Name & Address of the Training Centre
……
……..

REPORT ON ASSESSMENT

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		

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

4. 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

5. Comments of the Assessors (if any)
……
……
……
……

We certify that the information furnished in this report are true and correct.

Signature of the Assessor 1 :
Name :
Assessor Reg. No/Licence No :
Date :

Signature of the Assessor 2 :
Name :
Assessor Reg. No/Licence No :
Date :

Competency Standard Code :

Qualification Code :

DETAILS OF ASSESSMENT CARRIED OUT

(Please enter the results of final assessment in respect of each unit assessed in front of the candidates name using the key given below)

KEY: C- Competent N- Not yet Competent A- Absent

	Candidates		National Competency Standards Unit Number																								No.of units Assessed
	Name	NIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
1																													
2																													
3																													
4																													
5																													
6																													
7																													
8																													
9																													
0																													
Summary No. of Candidates competent in unit																													
No. of Candidates not yet competent in unit																													
No. of candidates absent for assessment																													

Ref. No. [ ]

(as on page 1)

Total No. Assessed

…….. ……

Signature of the Assessor 1 Date

…….. ……..

Signature of the Assessor 2 Date