



Maldives National Skills Development Authority

PA-2018v2  
ANNEX 3

## Pre-Assessment Form

### IMPORTANT INFORMATION

\*This form should be filled on completion of a Pre-Assessment, signed by the Assessor/s and submitted to the Maldives National Skills Development Authority by e-mail to [info@mnsda.gov.mv](mailto:info@mnsda.gov.mv)

#### Training Provider Details:

Name of the Training Provider:

Training Provider Registration No.:

Name of the Training Program:

Address:

Atoll:

Island:

E-mail Address:

### Report on Pre-Assessment

Date of Assessment: ...../...../.....

#### 1. Information of Candidates

Called for Pre-Assessment			Present for Pre-Assessment		
Boys	Girls	Total	Boys	Girls	Total

#### 2. Facilities Required for the Pre-Assessment

Are Adequate Facilities available at the Centre to Conduct the Assessment?

Yes

No

If the answer is "NO", indicate the arrangements made/ to be made:

.....  
.....  
.....

Are Tools, Equipment & Material required for the Assessments available?

Yes

No

If the answer is "NO", indicate the arrangements made/ to be made:

.....  
.....  
.....

#### 3. Assessment

Date(s) and Locations fixed for the Final Assessment

.....  
.....

Arrangements made to inform the candidates of the Final Exam

.....  
.....

#### 4. Comments of the Assessors (if any)

.....  
.....  
.....



# Maldives National Skills Development Authority

COT-2018v2  
ANNEX 3

	Assessor 1	Assessor 2
Name		
Signature		
Date		
<b>5. Declaration</b>		
I certify that the pre-assessment for the candidates were carried out by the Assessors at this Centre. Arrangements required for the final assessments are noted for necessary action.		
Date	Signature	Name and Designation
<hr/> <hr/> <hr/> <hr/>		



# Maldives National Skills Development Authority

PR-2018v2  
ANNEX 3

## DETAILS OF PRE-ASSESSMENTS CARRIED OUT

Training Provider Name:																								Student Signature
Qualification:																								
Batch No.:																								
Personal Details			Competency Based Units																					
#	Name	NID Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
Number of Trainees Absent																								
Number of Trainees Competent in Units																								

(if the number of students exceed 13, please use additional copy of this page)