



DIRECTORATE OF INDUSTRIAL TRAINING (DIT)
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Document Title: Centre Report Form

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PART A: Centre Details

Name of Centre: _____ Number of Candidates: _____ Date: _____

PART B: Assessment Remarks

S/N	Comment	REMARKS
1	General Conduct of the Assessment	
2	Technical aspects of the assessment (if any)	
3	Recommendations to DIT	
4	Any other remarks- Please use additional sheets if needed:	

Name of Centre Head/Representative: _____ Tel. _____ Designation: _____

Signature: _____ Official Institution Stamp/Seal: