

AERODROME MANAGEMENT PERSONNEL (POST HOLDER) ASSESSMENT FORM

(For use of the ASIs and CPM)

Name of Applicant	Name of Position
Name of Airport	Date of Assessment

COMPETENCY ASSESSMENT RESULTS

No.	Competency Assessment Component	Possible Marks	Marks Obtained	
1	Qualification	Mandatory	Check (X) one box	
			Yes	No
2	Experience	10	<input type="checkbox"/>	<input type="checkbox"/>
3	Training	10	<input type="checkbox"/>	<input type="checkbox"/>
4	Written Test	50	<input type="checkbox"/>	<input type="checkbox"/>
5	Personal Interview	30	<input type="checkbox"/>	<input type="checkbox"/>
Total		100		

Assessment Committee (Min 3 Member)	Name		Sign	
	Name		Sign	
	Name		Sign	
	Name		Sign	

AERODROME SAFETY INSPECTOR/CERTIFICATE PROJECT MANAGER RECOMMENDATION

Assessment Results	Competency Assessment Outcomes Remarks, if any	
Accepted	<input type="checkbox"/>	
Accepted with Conditions	<input type="checkbox"/>	Condition1
	<input type="checkbox"/>	Condition2
Not Accepted	<input type="checkbox"/>	Reason(s)

COMPETENCY ASSESSMENT VALIDATION

Signature of Designated CPM	Name	Date
Signature of Concerned Department Manager	Name	Date
Signature of Concerned Department General Manager	Name	Date