Competence Evaluation of workmen

Format No.:

Name:

Job Position:

Date of Joining:

Criteria	Experience	Min Education Qualification	Skill Level	Key Training Required
Required				
Actual				

Evaluation					**Evaluation Date:**
Sr. No.	**Skills**	**A**	**B**	**C**	**D**
Criteria:					
A – Highly Skilled and can train others	B - Skilled and can work independently				
C - Can Work with Supervision	D - No Knowledge or Basic Knowledge – Need Training.				

Signature
Evaluation by

Signature
Head of Department