**ASSESSMENT FORM**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Items** | **Details** |
|  | Name of the Agency with complete head/registered office address |  |
|  | Year of Establishment |  |
|  | Total No. of Candidates Assessed uptil 31.03.17 |  |
|  | List of SSCs Working with |  |
|  | Total no. of offices (state wise with complete address) |  |
|  | Recognized with any Govt./Pvt. Agency (if any, please mention) |  |
|  | Assessment experience in any technical domain or Renewable Energy (RE) |  |
|  | Other Activities |  |

Date: Signature with official seal