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| VTP NAME | : Sparkle Academy Pvt Ltd |
| CONTACT NUMBER | : |
| DATE OF ASSESSMENT | : 10/02/2026 |
| ADDRESS | : Tamil_Nadu |
| BATCH ID / NO. OF CANDIDATES | : B2025/015/4671-5943/08 |
| JOB ROLE | : Assistant Hair dresser |

| Please give your honest feedback | | | | |
|--|--|--|---------------------------------|----------------------------|
| Remarks | | | Tick on any one: | |
| 1. Were candidates intimated before and were on time for assessment? | | | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Has assessor reached on time? | | | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Was Assessment conducted on time and as per the guidelines? | | | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Was there any issue with the assessment? | | | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. Was the equipment required for assessment in working condition? | | | <input type="radio"/> Yes | <input type="radio"/> No |
| 6. How would you rate the assessment procedure? | | | <input type="radio"/> Excellent | <input type="radio"/> Good |
| | | | <input type="radio"/> Average | <input type="radio"/> Poor |
| Does the testing center complies to the following Acts : "Fire & Safety""Child Labour""Drugs & Cosmetics""Electricity" "Food Safety & Standards""RTI""Weight & Measures" Wherever applicable? <input type="radio"/> Yes <input type="radio"/> No | | | | |

I hereby confirm that, the exam conducted by assessor have followed all the guidelines and was well mannered. Assessor have not demanded any favour in cash or any kind to complete the assessments deputed by INVIGILATE®. We are aware that the result of the batch is purely based on the merit of the students.

Name of Authorized Person :

Sign & Seal of Authorized Person :