



CIVIL AVIATION AUTHORITY  
PAKISTAN

CAAF-624/F

Ref. No

سول ایوی ایشن اتھارٹی

MONITORING REPORT – APPROVED PERSON

π INITIAL APPROVAL

π REVALIDATION

π SPECIAL

Name (person under check)	Licence/Certificate No	Staff No:	Operator/Organization
Job Function	Approval for :		Check Date

Comments required for each "SB" and "U" assessment

	S	SB	U	N/O		S	SB	U	N/O
1. <b>EXPERIENCE</b> (in Respective field)					4. <b>INSTRUCTIONAL CHECK</b>				
a) Working Experience					a) Class room technique (if applicable)				
b) Supervisory Capacity					b) Knowledge of syllabus				
c) Instructional Experience					c) Preparation of lesson				
2. <b>ADMINISTRATIVE EXPERIENCE</b>					d) Demonstration lecture				
a) Administration of organization					e) Application				
b) Human Resource Management					f) Check or Test				
3. <b>CONDUCT</b>					g) Practical instructional technique (if applicable)				
a) With sub-ordinates					h) _____				
b) In stress					i) _____				
c) Towards improvement					j) _____				

REMARKS

Name (authorised person)	Licence No. (if applicable)	Date
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Authorised Person

MARKING GUIDE

S satisfactory

SB satisfactory with Briefing

U Unsatisfactory

N/O Not Observed