

# JOINT ADMISSIONS AND MATRICULATION BOARD

National Headquarters Complex, Suleja Road, Bwari, P.M.B. 189, Garki, Abuja, Nigeria

PROF. IS-HAQ O. OLOYEDE, OFR, FNAL  
Registrar/CE



## TEST ADMINISTRATION DEPARTMENT

### SUPERVISOR'S REPORT FORM

COMPLETE THIS FORM AS APPROPRIATE PER SESSION

#### SECTION A: CENTRE INFORMATION

EXAMINATION TOWN/ STATE	
CENTRE NAME	
CENTRE NUMBER	
CENTRE CAPACITY	
DATE	
SESSION	<input type="checkbox"/> MORNING <input type="checkbox"/> AFTERNOON <input type="checkbox"/> EVENING

#### SECTION B: CENTRE FACILITIES

1. Was there any case of generator outage during the examination?	YES (Enter the duration of the outage in minutes )	NO
2. Was there any security issue?	YES (Enter the duration security took to resolve the issue(s) in minutes)	NO
3. Were all the air conditioners functioning?	YES	NO (Enter the number not working)
4. Were all the installed lights functioning?	YES	NO (Enter the number not functioning)

5. Were the toilet facilities cleaned daily?	YES (Enter the number of times the toilets were cleaned daily)	NO
6. Was a holding room or canopy provided for candidates?	YES	NO
7. Was there a remote CCTV viewing for different locations within the examination centre?	YES (Enter the number of views from the screen)	NO
8. Are all the computer monitors either 15' or 17'?	YES	NO (Enter the number of computers that do not conform to this requirement?)

### SECTION C: CENTRE STAFF

9. Were the Examination Centre Staff responsive to any complaints?	YES	NO (How many times did they not respond)
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10. On a scale of 1-5 where 1 is the least and 5 the highest how would you rate the following:

- a. Centre Administrator
- b. JAMB Technical Staff
- c. Centre Technical Staff
- d. Proctors
- e. BVM Operator/ Document officer
- f. Maintenance Assistance
- g. Nigeria Security and Civil Defense Corps
- h. Examination Centre Security
- i. Other security agencies  Not Applicable
- j. The general conduct of the examination in your centre?

**Kindly explain**

Full name of supervisor (No Initials Please).....  
Staff Identity Number..... Designation/ Rank .....

Department/ Station.....  
Phone Number.....  
e-mail address.....  
Signature/ Date.....