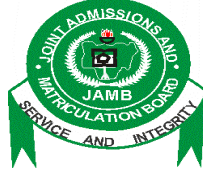


JOINT ADMISSIONS AND MATRICULATION BOARD

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

Prof. Is-Haq O. Oloyede, OFR, FNAL
Registrar

JAMB/TA/UTME/PRS



TEST ADMINISTRATION DEPARTMENT

PAYMENT OF REFRESHMENT ALLOWANCE:

NIGERIA SECURITY AND CIVIL DEFENCE CORPS (NSCDC)

Year of Examination

EXAMINATION TOWN.....STATE.....

CENTRE NAME.....CENTRE NUMBER.....

Kindly acknowledge receipt of your refreshment allowance for each day of the examination.

Days	Name of Officer	Identity Number	Amount Received	Phone Number	Signature/Date
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					
Day 8					
Day 9					

Day 10					
Day 11					
Day 12					
Day 13					
Day 14					
TOTAL AMOUNT RECEIVED					

Full Name of Supervisor (No initial please).....

Staff Identity Number

Designation/Rank

Department/Station.....

Phone Number

E-Mail Address

Signature/Date