



JOINT ADMISSIONS AND MATRICULATION BOARD

NATIONAL HEADQUARTERS

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2018 CBT CENTRE APPLICATION FORM

Introduction

The importance of proper inspection for accreditation purposes cannot be over stressed. This will largely prevent issues during the exam and ensure JAMB conducts a smooth and credible examination.

It is important to note that accreditation will be done continuously and may not be scheduled. Centers are advised not to move equipment around for accreditation purposes.

Centers will not be paid (and indeed be penalized) where a session does not run full capacity concurrently.

SECTION A: GENERAL INFORMATION

Name of Center:	<i>Please enter name of center here</i>
Specific Address:	<i>Please enter address here. Please use physical address and not PO Box. Also give description of nearest landmark if possible.</i>
Name of CBT Owner or Head of Institution:	<i>Please enter full names and not initials. Also be sure to provide Title e.g. Professor</i>
Contact number(s):	<i>Please enter all personal contact numbers of the head of institution who can be reached on at any time.</i>
Email address(s):	<i>Official email address</i>
Proprietorship:	<input type="checkbox"/> Government/Public <input type="checkbox"/> Private Institution <input type="checkbox"/> Private Individual
If the CBT centre is owned by a Private Institution or Private Individual, the CAC Registration Number is required	<i>Please provide the CAC Registration Number</i>
Name of Center Administrator/Manager:	

Contact number(s):	<i>Official contact number of the person in charge of the center.</i>
Email address(s):	
Specific full location of the Center:	<i>Please provide accurate description including landmarks</i>
Town Name:	<i>Please use name and area of specific town</i>
Local Government Area:	<i>Please enter local government in which center is located.</i>
State:	<i>Please enter state in which center is located.</i>

SECTION B: PRE-REGISTRATION OF CBT CENTRE OFFICIALS

Each CBT centre is required to pre-register three (3) officials who will be permitted to enter the examination in session	<i>Please provide the Names, Telephone Numbers, E-Mail Addresses and Passport Photographs of three (3) reliable and honest persons authorized to enter the examination in session. This may include those already mentioned.</i>
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SECTION C: BANK INFORMATION

Name of Center's Bankers	
Bank account number	
<i>*Candidates have been advised not to pay cash at the center. Candidate will pay to the bank of the center</i>	

SECTION D: CENTER AND ENVIRONMENT

Previous Usage:	<input type="checkbox"/> 2013 Capacity: _____ <input type="checkbox"/> 2014 Capacity: _____ <input type="checkbox"/> 2015 Capacity: _____ <input type="checkbox"/> 2016 Capacity: _____ <input type="checkbox"/> 2017 Capacity: _____
2018 Capacity	
Description of the building in the Institution e.g. Tafawa Balewa ICT hall	<i>This is in relation to the rest of the facilities around the center</i>
Lighting	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <i>This is subject to your ability to view items at the far end of the hall e.g. recognize a face at the far end.</i>
Plan Of Center Submitted?	<i>The plan of the center enables JAMB to determine the layout of the center for planning purposes.</i>

Date Of Completion of building	<i>This helps JAMB determine the age of the building in relation to the current state.</i>
Inner Ceiling Material	<i>This can be plastic, wooden or slates.</i>
Number Of Exit/Entrance Doors	<i>Centers must have a minimum of 1 entrance door and 1 exit door. These must remain freely accessible and unlocked. Hinges and sturdiness must be inspected.</i>
Number of Internal Toilets	<i>Male and Female toilets must be clearly labeled and designated. Toilets should have wash hand bowls and a means of cleaning hands (e.g. towels. Dryers are not desired due to noise when operational)</i>
Number Of External Toilets	<i>External toilets will serve candidates awaiting verification. Candidates are not to leave the holding area once verified.</i>
Number of Cubicles	<i>These are the spaces allocated to the computers. Cubicles should have the following dimensions Length: 26" (Horizontal) Height: 18" (Vertical) Depth/Breadth: 18" (outer to inner length)</i>
Number of Chairs	<i>Chairs with broken parts will not be accepted.</i>
Types of Air-Conditioners Present	<input type="checkbox"/> Standing Unit Number: _____ <input type="checkbox"/> Split Unit Number: _____ <input type="checkbox"/> Window Unit Number: _____ <input type="checkbox"/> Others Number: _____ All air-conditioners should be operational during inspection. A simulation of the coldest conditions should be achieved during inspection.
Does the center have a holding area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Holding areas enable candidates who have been screened or verified be kept separate from newly arriving or candidates who have completed their exam. All candidates must be able to sit and remain protected from the sun and rain</i>
If Yes above, What is the seating capacity of holding area?	<i>This is measured according to numbers of chairs the area can hold</i>
Is it adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Holding Area features	<input type="checkbox"/> Canopy <input type="checkbox"/> Chairs <input type="checkbox"/> Benches <i>Benches and or chairs are acceptable. Benches must be smooth and not contain any deformities.</i>
Is the Center located within a fenced Institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Fencing is to ensure security. Location of the center is as regards proximity to the institution boundaries.</i>
Is the center itself fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Fencing is to ensure security. Fence must not be broken or breached anywhere.</i>
Sufficient number of wall clocks present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>The clocks must be placed at vantage positions within the examination hall/rooms.</i>

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SECTION E: COMPUTERS AND TECHNOLOGY

Total Number Of Functional Computers	<i>This is determined by how many computers can be turned on, ability to load operating system and can perform any basic function with the mouse or keyboard.</i>
Types of Computers (minimum 2GB Ram on each computer)	<input type="checkbox"/> Desktop Number: _____ <input type="checkbox"/> Laptops Number: _____ <input type="checkbox"/> Thin Clients Number: _____ <input type="checkbox"/> Zero Clients Number: _____ <input type="checkbox"/> Others Number: _____ <i>Systems must have minimum 2GB ram to include the Thin Clients. It is also important that a CPU is dedicated to a system and not shared. Screens also must not be shared amongst computers. Note that zero clients may not give ram specification. All zero clients must be support by a minimum of 64GB Memory on the server. Zero clients are not attractive to JAMB.</i>
Total Number Of Backup Computers	<input type="checkbox"/> Desktop Number: _____ <input type="checkbox"/> Laptops Number: _____ <input type="checkbox"/> Thin Client Number: _____ <input type="checkbox"/> Others Number: _____ <i>Systems must have minimum 2GB ram to include the Thin Clients. It is also important a CPU is dedicated to a system and not shared. Screens also must not be shared amongst computers.</i>
Operating System	<input type="checkbox"/> Windows XP Number: _____ <input type="checkbox"/> Windows 7 Number: _____ <input type="checkbox"/> Windows 8 Number: _____ <input type="checkbox"/> Windows 10 Number: _____ <input type="checkbox"/> Linux Number: _____ <i>Operating systems must not have any error messages whilst booting and should have all applications up to date. Automatic downloads should be disabled to avoid automatic restart. Please advise all centers Windows XP will soon be discontinued.</i>
Screen sizes	<input type="checkbox"/> 15" Number: _____ <input type="checkbox"/> 17" Number: _____ <input type="checkbox"/> Above 18" Number: _____ <i>Flat screens are preferred. All screens should not be broken or have any deformities. Screens must be bright and have no pixel deformities or lines across.</i>
Minimum specification of 2GB Ram on all computers achieved? (Including thin clients)	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Systems must have a minimum of 2GB ram. Checking can be done when computer is operational</i>

Does the center have 250 computers	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, How many?	
Are all 250 computers housed in one HALL?	<input type="checkbox"/> Yes <input type="checkbox"/> No A building is defined as being under one roof. Connecting buildings are not regarded as a single building. JAMB expects 250 computers in a single room.
If No above, are all computers located in the same BUILDING?	<input type="checkbox"/> Yes <input type="checkbox"/> No A room is defined as having 4 walls or more and having an entrance or exit. A hall with solid wall demarcations is not regarded as a single room.
Distance apart of the buildings (if apart)	<i>This is measured according to external distances.</i>
CPU Type	<input type="checkbox"/> Tower <input type="checkbox"/> Desktop <input type="checkbox"/> Mini <i>Determined by visual inspection.</i>
Antivirus Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Antivirus must be up to date and not display any error notifications</i>
Keyboard Type	<i>This is determined by number of keys e.g. 108 keyboard</i>
Mouse (Optical?)	<i>This can be trackball or optical mice. Bluetooth/wireless mouse are not recommended due to possible low battery during exam.</i>

SECTION F: POWER AND ELECTRICAL

Inverter/UPS Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Inverters must be tested to see if it will backup the systems during a simulated power outage. Systems must not go off or restart at any time.</i>
Inverter/UPS Model	<i>This can be determined from the brand name or logo</i>
Inverter/UPS Capacity	<i>This should be inspected on the model number or specification plate located on the Inverter or UPS</i>
Number of Batteries	<i>For inverters, this can be counted. Please ignore for single unit UPS systems.</i>
Amp of Batteries	<i>For inverters, this can be determined from the model number or specification written on the battery</i>
Solar Charger Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>This can be determined by visual inspection. Operation can be tested by charging inspection.</i>
Capacity of solar charger	
Number of Ceiling electrical lighting	<i>Number of lighting points in the ceiling.</i>
Generator Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Generators must not have high proximity to the center building. Please inspect for vibrations and oil spillages around the generator area. Area must be kept clean with no loose electrical wiring visible.</i>

Number of Generators Present	<i>Please power on all generators and test individual operation.</i>
Generator Model(s)	<i>This can be determined by brand name and specification plate on the generator</i>
Generator Capacity(s)	<i>This can be determined from the specification plate on the generator panel.</i>
Generator Diesel Tank Capacity	<i>This must be measurable. Level of diesel available must be determinable.</i>
Change Over model	<i>This can be manual or automatic. Operation must be tested and should not have any operational faults.</i>
Distribution Box Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>This should be identified and must remain closed without any electrical smells or sparks</i>
System Power Connection type	<i>Requires inspection. This is the method by which systems are connected to power sources under/on top of the table. Extension boxes are not recommended.</i>

SECTION G: NETWORK

Network Cabling Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>This can be determined by visual inspection.</i>
Wireless Network Present (<i>please note wireless networks not acceptable</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>This may be present by doing a simple network scan using a phone or a tablet for existing wireless networks. Proximity to nearby wireless networks should be checked.</i>
If Present, Wireless Network Enabled/Disabled?	<input type="checkbox"/> Enabled <input type="checkbox"/> Disabled <i>This should be disabled and remain disabled during exam.</i>
Network Switch Model	<i>This can be determined from the brand name or logo and/or specification plate on the switch.</i>
Number of Ports	<i>This will be counted.</i>
Number of Switches (minimum of 8 for 24 port switches)	<i>This will be counted.</i>
Other switch models (If Present)	<i>Other brand names if different.</i>
Number of other switches	<i>This will be counted</i>
Server Rack Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>This will be physically inspected. Rack doors must be closed and should not have any missing panels. Rack must be properly secured to the ground.</i>

SECTION H: PREFERRED TELECOM NETWORK

(No CBT centre outside the coverage of Airtel/MTN signal will be considered)

Strong and stable MTN/Airtel Network present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, which of the two would you prefer?	MTN	
	Airtel	

SECTION I: SERVERS

Server present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location of Server Room	<i>Servers may be desktops or laptops</i>	
If different from Center, please state distance	<i>This is measured according to the distance to the hall/computer room.</i>	
Number of Servers Present	<i>These must be operational and have proper licenses. Server must be able to boot up without errors.</i>	
Are all computer systems connected to the server(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, state the number of servers	<i>This can be tested with simple network pings.</i>	
Server – client distribution	<i>Servers to be used for the center must not exceed 3.</i>	
Server Model	<input type="checkbox"/> Server 1 Number of clients: _____ <input type="checkbox"/> Server 2 Number of clients: _____ <input type="checkbox"/> Server 3 Number of clients: _____ <i>Allocation of computers must be provided. Random test of connectivity can be performed.</i>	
Hard drive Size	<i>This can be determined from the brand name. Server model can also be determined by specification plate on the server.</i>	
Ram Size	<i>This can be retrieved whilst server is operational</i>	
Minimum specification of 32GB Ram on server	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CD ROM Present?	<i>Systems must have a minimum of 32GB ram. Checking can be done when computer is operational. For Zero client servers, this must be 64GB.</i>	
Server Orientation	<input type="checkbox"/> Tower	<input type="checkbox"/> Rack
Server Processor	<i>Visual inspection. Please open and close drive</i> <i>Tower servers are typically vertically standing whilst rack servers are horizontally orientated and will usually be thin in size.</i> <i>Can be determined by brand model or system properties whilst server is operational</i>	

SECTION J: PERSONNEL

Number of Technical Personnel (Minimum of 2 per center)	<i>Abilities to be tested during inspection. Technical personnel must be able to conduct system and server operations.</i>
Number of Network Administrators/Engineers (Minimum of 1 person)	<i>Abilities to be tested during inspection. Network administrators must be able to perform server tests and all network related tests/demonstrations</i>
Number of Administrative Personnel	<i>Administrative personnel must show ability to conduct and direct the team during inspection and or exam simulations.</i>
Number of Security Personnel	<i>To be counted.</i>

SECTION K: CCTV (See specification of CCTV attached)

Number of cameras present	<i>This will be counted. Positioning will be verified against specifications.</i>
Digital Video Recorder Present in separate room?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Digital Video recorder must be secured in a separate room from the hall</i>
Ability to view live recording	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>This is to be demonstrated</i>
Ability to play back recording(DVR must store recordings up to 1 month)	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Playback must be demonstrated</i>
Ability to export video recordings to external hard drive	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>This is to be demonstrated</i>
Ability to view live recordings remotely	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>This is to be demonstrated</i>
Power backup for video recorder present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>This is to be simulated and tested.</i>
RJ45 LAN Network port of DVR present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>DVR should have the ability to connect to a Cabled network</i>
Hard drive capacity of DVR	<i>Can be retrieved from DVR machine</i>
Recording capacity of DVR (Days)	<i>Depends on size of hard drive</i>
Number of IP Cameras	<i>Either IP or Analog is acceptable</i>
Number of Analog Cameras	<i>Either IP or Analog is acceptable</i>

SECTION L: CCTV CAMERA COVERAGE AREAS

Entry door	<i>To be inspected and previewed</i>
Exit door	<i>To be inspected and previewed</i>
Cross section of examination hall (2 cameras at opposite ends)	<i>To be inspected and previewed</i>
External building (including front door)	<i>To be inspected and previewed</i>
Biometric verification area (If in proximity)	<i>To be inspected and previewed</i>
Candidate waiting area	<i>To be inspected and previewed</i>
Server Room	<i>To be inspected and previewed</i>

Authentication by Center Proprietor

I, certify that the information provided above is accurate and reliable.

Name:

Designation:

Mobile No:

Email Address:

Signature/Date:

Authentication by Center Manager/Administrator

This form was authenticated and approved by:

Name:

Designation:

Mobile No:

Email Address:

Signature/Date:

Verification by JAMB appointed technical staff

This form was authenticated and approved by:

Name:

Designation:

Mobile No:

Email Address:

Signature/Date:

Endorsement by State Coordinator

This form was authenticated and approved by:

Name:

Designation:

Mobile No:

Email Address:

Signature/Date:

