



JOINT ADMISSIONS AND MATRICULATION BOARD

NATIONAL HEADQUARTERS

SULEJA ROAD, BWARI, P.M.B. 189, GARKI, ABUJA, NIGERIA.

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Contact our Support Centre at support.jamb.org.ng

2019 ACCREDITATION ASSESSMENT FORM

FOR JAMB OFFICIALS ONLY

SECTION A:

GENERAL INFORMATION		FOR JAMB'S OFFICIAL USE ONLY		
		Verification		Comments by Technical Coordinator
		Yes	No	
1. Name of Center				
2. Specific Address:	<hr/> <hr/> <hr/>			
3. Name of CBT Owner or Head of Institution				
4. Contact number(s)				
5. Email address(s)				

6. 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>			
7. Name of Center Administrator/Manager:				
8. Contact number(s):				
9. Email address(s):				
10. Specific full location of the Center:	<hr/> <hr/> <hr/>			
11. Town Name:				
12. Local Government Area				
13. State:				

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>	

SECTION C:

BANK INFORMATION		FOR JAMB'S OFFICIAL USE ONLY		
		Verification Yes No		Comments by Technical Coordinator
14. Name of Center's Banker (BANK)				
15. Bank account number				
*Candidates have been advised not to pay cash at the center. Please pay into the bank account of the CBT center				

SECTION D:

CENTER AND ENVIRONMENT		FOR JAMB'S OFFICIAL USE ONLY		
		Verification Yes No		Comments by Technical Coordinator
16. 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: _____ <input type="checkbox"/> 2018 Capacity: _____			
17. 2019 Capacity				
18. Description of the building in the Institution e.g. Tafawa Balewa ICT hall				
19. Lighting	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate			
20. Plan Of Center Submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Date of completion of building				
22. Inner ceiling material				
23. Number Of Exit/Entrance				

Doors				
24. Number of Internal Toilets				
25. Number Of External Toilets				
26. Number of Cubicles				
27. Number of Chairs				
28. 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: _____			
29. Does the center have a holding area?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
30. If Yes, What is the seating capacity of the holding area?				
31. Is it adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
32. Holding Area features	<input type="checkbox"/> Canopy <input type="checkbox"/> Chairs <input type="checkbox"/> Benches			
33. Is the Center located within a fenced Institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
34. Is the center itself fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
35. 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>			

SECTION E:

COMPUTERS AND TECHNOLOGY		FOR JAMB'S OFFICIAL USE ONLY		
		Verification Yes	No	Comments by Technical Coordinator
35. Total Number Of Functional Computers				
36. 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: _____			
37. 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: _____			
38. 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: _____			
39. Screen sizes	<input type="checkbox"/> 15" Number: _____ <input type="checkbox"/> 17" Number: _____ <input type="checkbox"/> Above 18" Number: _____			
40. Minimum specification of 2GB Ram on all computers achieved? (Including thin clients)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
41. Does the center have 250 computers	<input type="checkbox"/> Yes <input type="checkbox"/> No			
42. If No, How many?				
43. Will the Center be able to make up the 250 before the	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Exam?				
44. If Yes, how many more will be added?				
45. Are all 250 computers housed in one HALL?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
46. If No, Are all computers located in the same BUILDING?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
47. Distance apart of the buildings (if apart)				
48. CPU Type	<input type="checkbox"/> Tower <input type="checkbox"/> Desktop <input type="checkbox"/> Mini			
49. Antivirus Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
50. Keyboard Type				
51. Mouse (Optical?)				

SECTION F:

POWER AND ELECTRICAL		FOR JAMB'S OFFICIAL USE ONLY		
		Verification Yes	No	Comments by Technical Coordinator
52. Inverter/UPS Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
53. Inverter/UPS Model				
54. Inverter/UPS Capacity				
55. Number of Batteries				
56. Amp of Batteries				
57. Solar Charger Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
58. Solar Charger capacity				
59. Number of Ceiling electrical lighting				
60. Generator Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
61. Number of Generators Present				

62. Generator Model(s)				
63. Generator Capacity(s)				
64. Generator Diesel Tank Capacity				
65. Change Over model				
66. Distribution Box Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
67. System Power Connection type				

SECTION G:

NETWORK		FOR JAMB'S OFFICIAL USE ONLY		
		Verification Yes	No	Comments by Technical Coordinator
68. Network Cabling Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
69. Wireless Network Present <i>(please note wireless networks not acceptable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
70. If Present, Wireless Network Enabled/Disabled?	<input type="checkbox"/> Enabled <input type="checkbox"/> Disabled			
71. Network Switch Model				
72. Number of Ports				
73. Number of Switches (minimum of 8 for 24 port switches)				
74. Other switch models (If Present)				
75. Number of switches				
76. Server Rack Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION H: PREFERRED TELECOM NETWORK

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

AVAILABILITY OF MTN/AIRTEL NETWORK		FOR JAMB'S OFFICIAL USE ONLY		
		Verification		Comments by Technical Coordinator
		Yes	No	
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		FOR JAMB'S OFFICIAL USE ONLY		
		Verification		Comments by Technical Coordinator
		Yes	No	
77. Server present?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
78. Location of Server Room				
79. If different from Center, please state distance				
80. Number of Servers Present				
81. Are all computer systems connected to the server(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
82. If No, state the number of servers				

83. Server – client distribution	<input type="checkbox"/> Server 1 Number of clients: _____ <input type="checkbox"/> Server 2 Number of clients: _____ <input type="checkbox"/> Server 3 Number of clients: _____			
84. Server Model				
85. Hard drive Size				
86. Ram Size				
87. Minimum specification of 32GB Ram on server	<input type="checkbox"/> Yes <input type="checkbox"/> No			
88. CD ROM Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
89. Server Orientation	<input type="checkbox"/> Tower <input type="checkbox"/> Rack			
90. Server Processor				

SECTION J:

PERSONEL		FOR JAMB'S OFFICIAL USE ONLY		
		Verification Yes	No	Comments by Technical Coordinator
91. Number of Technical Personnel (Minimum of 2 per center)				
92. Name of Technical Personnel 1				
93. Qualifications				
94. Name of Technical Personnel 2				
95. Qualifications				
96. Number of Network Administrators/Engineers				

(Minimum of 1 person)				
97. Name of Network Administrator				
98. Qualifications				
99. Number of Administrative Personnel				
100. Number of Security Personnel				

SECTION K:

CCTV (See specification of CCTV attached)		FOR JAMB'S OFFICIAL USE ONLY		
		Verification Yes No		Comments by Technical Coordinator
101. Number of cameras present				
102. Digital Video Recorder (DVR) Present in separate room?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
103. Password to DVR available and verified	<input type="checkbox"/> Yes <input type="checkbox"/> No			
104. Ability to view live recording	<input type="checkbox"/> Yes <input type="checkbox"/> No			
105. Ability to play back recording (DVR must store recordings up to 1 month)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
106. Ability to export video recordings to external hard drive	<input type="checkbox"/> Yes <input type="checkbox"/> No			
107. Ability to view live recordings remotely	<input type="checkbox"/> Yes <input type="checkbox"/> No			
108. Ability to view playback				

through standard browser				
109. Standard search and navigation controls present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
110. Power backup for video recorder present?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
111. RJ45 LAN Network port of DVR present?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
112. Hard drive capacity of DVR				
113. Recording capacity of DVR (Time)				
114. Number of IP Cameras				
115. Number of Analog Cameras				

SECTION L:

CCTV CAMERA COVERAGE AREAS		FOR JAMB'S OFFICIAL USE ONLY		
		Verification Yes	No	Comments by Technical Coordinator
116. Entry door				
117. Exit door				
118. Cross section of examination hall (2 cameras at opposite ends)				
119. External building (including front door)				
120. Biometric verification area (If in proximity)				
121. Candidate waiting area				
122. Server Room				

Declaration 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 information provided is further authenticated as correct by:

Name:

Designation:

Mobile No:

Email Address:

Signature/Date:

Verification by JAMB appointed technical staff

This report was authenticated and received by me as correct:

Name:

Designation:

Mobile No:

Email Address:

Signature/Date:

Endorsement by State Coordinator

This form was endorsed by:

Name:

Designation:

Mobile No:

Email Address:

Signature/Date:

JOINT ADMISSIONS AND MATRICULATION BOARD

ACCREDITATION/RECOMMENDATION OF SUITABLE CBT CENTRES FOR 2018 UTME

STRICTLY FOR OFFICIAL USE

(To be downloaded along with the Accreditation Assessment Form)

STATE:

LGA:

EXAMINATION TOWN:

NAME OF CENTRE:

.....

SPECIFIC LOCATION ADDRESS:

.....

.....

I) AUTHENTICATION BY JAMB STAFF (TECHNICAL)

(a) Is this Centre technically fit for the conduct of the 2018 UTME? Yes No

(b) Can you say that this Centre is suitable for the conduct of the 2018 UTME? Yes

No

Other comments:

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Name of Technical Staff:..... Staff I.D. No:.....

Tel. number:..... e-Mail address:.....

Signature and Date:.....

II) AUTHENTICATION BY JAMB STAFF (Supervisor)

Do you recommend this Centre for the 2018 UTME? Yes No

Other comments:

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Name of Supervisor:..... **Staff I.D. No:**.....

Tel. number: **e-Mail address:**.....

Signature and Date:.....

III) RECOMMENDATION BY CHIEF TECHNICAL ADVISOR

Is this centre suitable for the conduct of 2018 UTME? Yes No

Other comments:

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Name of Chief Technical Advisor:

.....

Name and Address of Institution:

.....

Tel. number: **e-Mail address:**.....

Signature and Date:

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APPROVAL BY JAMB: **APPROVED** **NOT APPROVED**