

# 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: .....

.....

.....

.....

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: .....

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Name and Address of Institution: .....

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

Signature and Date: .....

**FOR OFFICE USE**

APPROVAL BY JAMB:      APPROVED       NOT APPROVED