

# 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

### BIOMETRIC VERIFICATION FORM

COMPLETE THIS FORM AS APPROPRIATE

#### 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 A: PRE-EXAM VERIFICATION

1. No of candidates verified with finger prints	
2. No of candidates not verified	
3. No of candidates absent	

#### SECTION A: POST-EXAM VERIFICATION

4. No of candidates verified with finger prints	
5. No of candidates not verified	
6. No of candidates absent	

Full Name of BVM Operator (No initials Please).....

Staff Identity Number..... Designation/ Rank.....

Phone Number..... Department/ Station.....

e-mail address.....

Signature/ Date.....