

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

EXAMINATION MALPRACTICE REPORT FORM: PARTICULARS OF CANDIDATES INVOLVED

COMPLETE THIS FORM AS APPROPRIATE

EXAMINATION TOWN..... STATE..... CENTRE NAME..... CENTRE NUMBER.....
DATE..... CENTRE CAPACITY..... SESSION: MORNING AFTERNOON EVENING

S/N	REGISTRATION NUMBER	CANDIDATE(S)NAME IN FULL	SEAT NUMBER	MALPRACTICE CODE	TYPE OF EXHIBIT

Note: All relevant documents should be attached

Full Name of Proctor (No initials Please)..... Signature/ Date.....
Phone Number..... email address.....