

# 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 PROCTOR'S CHART

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 B: SUPERVISION

S/N	RANGE OF CANDIDATE'S SEAT NUMBER	NAME OF PROCTORS	MOBILE NUMBER(S)
1	001-050		
2	051-100		
3	101-150		
4	151-200		
5	201-250		
6	251-300		

Full Name of Supervisor (No initials Please).....

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

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

e-mail address..... Signature/ Date.....