

# 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 FORM

COMPLETE THIS FORM AS APPROPRIATE PER SESSION

#### 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: ATTENDANCE AND MALPRACTICE

1. What date and time was the room/ hall arranged for the examination?	(Enter the time )	
2. Was the examination on schedule?	YES	NO (Enter the duration behind schedule)
3. How many candidates were present in the room/ hall?	(Enter the number)	
4. How many candidates were absent in the room/hall?	(Enter the number)	
5. Were there incidents of examination malpractice?	YES: (Enter the number of candidate(s) and complete the malpractice form appropriately)	NO

6. Enter the malpractice code(s) applicable	(Enter the malpractice code(s))	
7. Was any candidate found with exhibit?	YES: (Enter the number of candidate(s) involved)	NO
8. Was the malpractice a case of collusion between candidates?	YES: (Enter the number of candidate(s) involved)	NO
9. Were the centre staff involved in the act of collusion?	YES: (Enter the number of centre staff involved)	NO
10. On a scale of 1-5 where 1 is the least and 5 the highest, how would you rate the general conduct of the examination in your room/ hall?		

Comments as appropriate

Full Name of Proctor (No initials Please).....  
 Staff Identity Number.....  
 Designation/ Rank..... Department/ Station.....  
 Phone Number.....email address.....  
 Signature/ Date.....