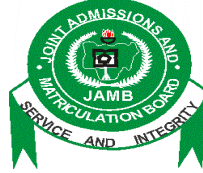


# JOINT ADMISSIONS AND MATRICULATION BOARD

National Headquarters Complex, Suleja Road, Bwari, P.M.B. 189, Garki, Abuja, Nigeria

Prof. Is-Haq O. Oloyede, OFR, FNAL  
Registrar

JAMB/TA/UTME/CRA



## TEST ADMINISTRATION DEPARTMENT

### REFRESHMENT ACKNOWLEDGMENT FORM:

Year of Examination .....

EXAMINATION TOWN..... STATE.....

CENTRE NAME..... CENTRE NUMBER.....

Kindly acknowledge receipt of the provision of refreshment to centre.

A sum of **#10,000** has been provided for centre refreshment daily.

S/N	Representative of:	Name of Officer	Identity Number	Phone Number	Signature/Date
1	JAMB				
2	CENTRE				
3	PROCTORS				
4	NYSC				

Full Name of Centre Administrator (No initial please).....

Designation/Rank .....

Phone Number .....

E-mail Address ..... Signature/Date .....