

JOINT ADMISSIONS AND MATRICULATION BOARD

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

JAMB/TA/UTME/CEE

PROF. IS-HAQ O. OLOYEDE, OFR, FNAL
Registrar



TEST ADMINISTRATION DEPARTMENT CHIEF EXTERNAL EXAMINER REPORT FORM

STATE

DATE.....

1. Please complete the table with the number of issues under the appropriate areas

EXAM TOWN(S)	SECURITY ISSUES (NOS)	CCTV / COMPUTER MONITORS ISSUES (NOS)	POWER/ AC ISSUES (NOS)	CANDIDATES PRESENT (NOS)	CANDIDATES ABSENT (NOS)	CANDIDATES NOT VERIFIED/ BIOMETRIC MACHINE ISSUES (NOS)	CANDIDATES INVOLVED IN MALPRACTICE	NETWORK / TEST SOFTWARE ISSUES (NOS)	EXAMINATION OFFICIAL(S) ISSUES (NOS)	STATUS (HIGH PRIORITY-HP, MEDIUM-MP AND LOW PRIORITY-LP)

Please comment (on high priority centres)

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Name of CHIEF EXTERNAL EXAMINER.....

Phone Number.....

e-Mail Address.....

Signature/ Date.....

JOINT ADMISSIONS AND MATRICULATION BOARD

National Headquarters Complex, Suleja Road, Bwari, P.M.B. 189, Garki, Abuja, Nigeria
JAMB/TA/UTME/STA

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Registrar



TEST ADMINISTRATION DEPARTMENT STATE TECHNICAL ADVISOR REPORT FORM

STATE

DATE.....

1. Please complete the table with the number of issues resolved under the appropriate areas

EXAM TOWN(S)	NETWORK CONNECTIVITY ISSUES RESOLVED	TEST SOFTWARE ISSUES RESOLVED	LOCALIZED CONNECTIVITY ISSUES RESOLVED	TECHNICAL OFFICER ISSUES RESOLVED	CENTRE COMPUTER ISSUES RESOLVED	STATUS (HIGH PRIORITY-HP, MEDIUM-MP AND LOW PRIORITY-LP)

Please comment (on high priority areas)

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Name of State Technical Advisor (No initial please).....
Phone Number.....
e-Mail Address.....
Signature/ Date.....

JOINT ADMISSIONS AND MATRICULATION BOARD

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

JAMB/TA/UTME/PM

PROF. IS-HAQ O. OLOYEDE, OFR, FNAL
Registrar



TEST ADMINISTRATION DEPARTMENT PEACE MONITOR FORM

STATE MONITORED DATE.....

SESSION: MORNING MID-DAY AFTERNOON

On a scale of 1-5 where 1 is the least and 5 is the highest, kindly assess the following on centre monitored:

CENTRE NAME.....

1. Biometric verification exercise: pre examination and post examination.

1	2	3	4	5
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2. Record of attendance.

1	2	3	4	5
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3. The conduct of security personnel or professionalism in handling security issues.

1	2	3	4	3
---	---	---	---	---

4. The conduct of candidates in the examination hall or waiting to be ushered into the examination hall.

1	2	3	4	5
---	---	---	---	---

5. The conduct of the examination officials.

1	2	3	4	5
---	---	---	---	---

6. Centre facilities provided such as holding room for candidates waiting to be ushered into the examination hall, examination hall, convenience rooms and arrangement of candidates inside the examination hall.

1	2	3	4	5
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7. Were there incidents of examination malpractice?

1	2	3	4	5
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Please comment as necessary.

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Name of Peace Monitor (No initial please)

Phone Number.....

e-Mail Address.....

Signature/ Date.....

JOINT ADMISSIONS AND MATRICULATION BOARD

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

JAMB/TA/UTME/SPR

PROF. IS-HAQ O. OLOYEDE, OFR, FNAL
Registrar



TEST ADMINISTRATION DEPARTMENT SUPERVISOR REPORT FORM COMPLETE THIS FORM AS APPROPRIATE

YEAR OF EXAMINATION.....

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

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

CENTRE CAPACITY.....

SESSION: MORNING MID-DAY AFTERNOON

1. Was there any case of generator outage during the examination?
YES (Enter the duration of the outage)
NO
2. Was there a security issue?
YES (Enter the duration security personnel took to resolve the issue(s))
NO
3. Were all the air conditioners functioning?
YES
NO (Enter the number not functioning)
4. Were all the installed lights functioning?
YES
NO (Enter the number not functioning)
5. Were the toilet facilities cleaned daily?
YES (Enter the number of times the toilets were cleaned daily)
NO
6. Was a holding room or canopy provided for candidates?
YES
NO

7. Was there a remote CCTV viewing for different locations within the examination centre?

YES (Enter the number of views from the screen)

NO

8. Were the examination centre staff responsive to complaints?

YES

NO (How many times have they not responded)

9. Are all the computer monitors either 15' or 17'?

YES

NO (Enter the number of computers that do not conform to this requirement)

10. On a scale of 1-5, where 1 is the least and 5 the highest, how would you rate the following:

- a. Centre Administrator
- b. JAMB Technical Staff
- c. Centre Technical Staff
- d. Proctors
- e. BVR
- f. Maintenance Assistant
- g. Nigeria Security and Civil Defense Corps
- h. Examination Centre Security
- i. Other security agencies
- j. The general conduct of the examination in your centre

Please comment as necessary

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Full name of supervisor (No Initials Please).....

Staff Identity Number..... Designation/ Rank

Department/ Station.....

Phone Number.....

e-Mail Address.....

Signature/ Date.....

JOINT ADMISSIONS AND MATRICULATION BOARD

National Headquarters Complex, Suleja Road, Bwari, P.M.B. 189, Garki, Abuja, Nigeria
JAMB/TA/UTME/JTR

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



TEST ADMINISTRATION DEPARTMENT TECHNICAL STAFF (JAMB) REPORT FORM COMPLETE THIS FORM AS APPROPRIATE PER SESSION (TO BE COMPLETED BY JAMB TECHNICAL STAFF)

YEAR OF EXAMINATION.....
EXAMINATION TOWN..... STATE.....
CENTRE NAME..... CENTRE NUMBER.....
CENTRE CAPACITY.....
SESSION: MORNING MID-DAY AFTERNOON

1. Was the download successful?
YES
NO (Enter the number of failed attempts)
2. Were you able to get support from Network Operating Centre for any technical issue(s) relating to the network link?
YES: (Enter the duration it took for the issue to be resolved)
NO
3. Were there complaints on the presentation of questions, graphics and tone marks in the case of languages?
YES: (Enter the number of instances)
NO
4. Could you log on with the same registration number on more than one computer?
YES: (Enter the number of instances)
NO
5. Were you able to get support from Network Operating Centre for any software issue relating to the presentation of examination questions?
YES: (Enter the duration it took for the issue to be resolved)
NO

6. Were all the clients able to communicate with the server?

YES:

NO: (Enter the number of failed attempts)

7. (a) How many computers developed fault during the examination?

Enter the number

4.4.1.1 If any, were the faulty systems replaced from the backup computers available?

YES: (Enter the number replaced)

NO

8. Was the upload successful?

YES:

NO: (Enter the number of failed attempts)

Please comment

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Full Name of Technical Staff (No initials Please).....

Staff Identity Number.....

Designation/ Rank.....Department/ Station.....

e-Mail Address.....

Signature/ Date..... Phone Number.....

JOINT ADMISSIONS AND MATRICULATION BOARD

National Headquarters Complex, Suleja Road, Bwari, P.M.B. 189, Garki, Abuja, Nigeria
JAMB/TA/UTME/BVR

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



TEST ADMINISTRATION DEPARTMENT BIOMETRIC VERIFICATION REPORTING OFFICER REPORT FORM COMPLETE THIS FORM AS APPROPRIATE

YEAR OF EXAMINATION.....
EXAMINATION TOWN..... STATE.....
CENTRE NAME..... CENTRE NUMBER.....
CENTRE CAPACITY.....
SESSION: MORNING MID-DAY AFTERNOON

PRE EXAMINATION VERIFICATION

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

POST EXAMINATION VERIFICATION

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

Full Name of BVR (No initials Please).....
Staff Identity Number.....
Phone Number.....
e-Mail Address.....
Signature/ Date.....

JOINT ADMISSIONS AND MATRICULATION BOARD

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

JAMB/TA/UTME/PTR

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



TEST ADMINISTRATION DEPARTMENT PROCTOR REPORT FORM COMPLETE THIS FORM AS APPROPRIATE

YEAR OF EXAMINATION.....
EXAMINATION TOWN..... STATE.....
CENTRE NAME..... CENTRE NUMBER.....
CENTRE CAPACITY.....
SESSION: MORNING MID-DAY AFTERNOON

1. What date and time was the hall arranged for the examination?
2. Was the examination on schedule?
YES
NO (Enter the duration behind schedule)
3. How many candidates were present in the hall?
4. How many candidates were absent in the hall?
5. Were there incidents of examination malpractice?
YES: (Enter the number of candidate(s))
NO
6. Was any candidate found with exhibit?
YES: (Enter the number of candidate(s) involved)
NO
7. Was the malpractice a case of collusion between candidates?
YES: (Enter the number of candidate(s) involved)
NO
8. Were the centre staff involved in the act of collusion?
YES: (Enter the number of centre staff involved)
NO
9. 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 hall?

Please comment

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Full Name of Proctor (No initials Please).....
Staff Identity Number.....
Designation/ Rank.....
Department/ Station.....
Phone Number.....
e-Mail Address.....
Signature/ Date.....

JOINT ADMISSIONS AND MATRICULATION BOARD

National Headquarters Complex, Suleja Road, Bwari, P.M.B. 189, Garki, Abuja, Nigeria
JAMB/TA/UTME/PCT

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



TEST ADMINISTRATION DEPARTMENT

PROCTOR'S CHART

COMPLETE THIS FORM AS APPROPRIATE

YEAR OF EXAMINATION.....

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

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

CENTRE CAPACITY.....

SESSION: MORNING MID-DAY AFTERNOON

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		

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

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

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

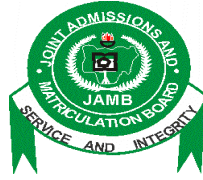
e-Mail Address..... Signature/ Date.....

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/CAD



TEST ADMINISTRATION DEPARTMENT

CENTRE ADMINISTRATOR REPORT FORM

Tick/Complete this form as appropriate per session

Year of Examination

EXAMINATION TOWN..... STATE

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

CENTRE CAPACITY.....

SESSION: MORNING DAY AFT ON

1. When did you receive the Board's notification for the use of your organisation as examination centre?

Day		Month		Year		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. What is the capacity of your centre?

2. (i) Were you and staff of the centre briefed on the examination? Yes

(ii) If Yes, when was the briefing conducted?

3. Which of the following examination officials attended the briefing?

Supervisor	<input type="checkbox"/>	BVR	<input type="checkbox"/>
JAMB Technical Staff	<input type="checkbox"/>	Security Personnel	<input type="checkbox"/>
Centre Technical Staff	<input type="checkbox"/>	Maintenance Assistant	<input type="checkbox"/>
Proctors	<input type="checkbox"/>		

4. What was the general attitude of the candidates during the examination?

Orderly Disorderly

5. Were there incidents of examination malpractice? Yes No

If Yes,

(i) what was the nature of the malpractice?

.....
.....
..

(ii) how many candidates were involved?

6. Which of the following security outfits were present at the examination centre?

(i) Nigeria Security and Civil Defence Corps

(ii) Examination centre security

(iii) Other security agencies (Please specify).....

7. How would you assess the performance of the security agencies?

(i) Nigeria Security and Civil Defence Corps

Effective Ineffective

(ii) Examination centre security

Effective Ineffective

(iii) Other security agencies (Please specify).....

Effective Ineffective

9. What is your overall assessment of the administration of the examination?

Successful Problematic but successful Unsuccessful

(i) If problematic but successful, explain.....
.....

(ii) If unsuccessful, explain.....
.....

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

Designation/Rank.....
Phone Number..... e-Mail Address.....
Signature/Date.....

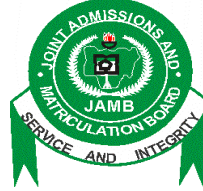
(Note: Use extra sheets where applicable)

JOINT ADMISSIONS AND MATRICULATION BOARD

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Registrar

JAMB/TA/UTME /CTS



TEST ADMINISTRATION DEPARTMENT

CENTRE TECHNICAL STAFF REPORT FORM

Tick/Complete this form as appropriate per session

Year of Examination

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

CENTRE NAME.....

CENTRE NUMBER..... CENTRE CAPACITY.....

SESSION: MORNING P-DAY AFTERNOON

1. Did you participate in the pre-examination briefing at the centre? Yes No

(i) If yes, when was the briefing conducted?

(ii) If No, why?.....

2. What is the capacity of the examination centre?

3. State the sizes of the computer monitors in your centre.....

4. Is the screen resolution adequate for candidates to read without difficulties? Yes No

5. (i) Were the clients able to communicate with Centre Server? Yes No

(ii) If no, why and what did you do to correct them?

6. (i) How many computer systems did you prepare for the examination?

(ii) How many were reserved as backup?

7. (i) How many computer systems developed fault during the examination?

(ii) If any, were the faulty computer systems replaced/repared? Yes No

8. (i) Did you encounter any other technical hitches? Yes No

(ii) If yes, what were the hitches?.....

(iii) How were the hitches resolved?.....

.....

Comments/Suggestions.....

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Full Name of Centre Technical Staff (No Initials please).....

Staff Identity Number.....

Designation/Rank.....

Department/Institution.....

Phone Number.....

e-Mail Address

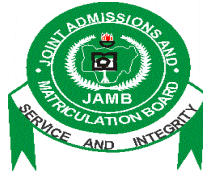
Signature/Date.....

JOINT ADMISSIONS AND MATRICULATION BOARD

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Registrar

JAMB/TA/UTME/EMR /SR



TEST ADMINISTRATION DEPARTMENT

EXAMINATION MALPRACTICE REPORT FORM CANDIDATE'S STATEMENT(S),
PROCTOR'S COMMENT(S) AND SUPERVISOR'S RECOMMENDATION(S)

Complete this form as appropriate per session

Year of Examination

EXAMINATION TOWN..... STATE

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

SESSION: MORNING MID-DAY AFTERNOON

A. Full Name of Candidate.....

Registration Number..... Examination Number.....

Subjects Entered for: Use of English, (i) (ii)..... (iii)

1. What offence have you been accused of committing?

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.....

2. What is your explanation or defence?

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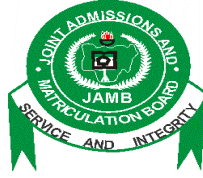
Phone Number..... Signature/Date

B. Proctor's comment(s)
.....
.....
Full Name (No Initial please)..... Signature/Date.....

C. Supervisor's recommendation(s).....
.....
.....
Full Name (No Initials please)..... .Phone Number.....
e-Mail Address..... Signature/Date.....

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

JAMB/TA/UTME/PRS



TEST ADMINISTRATION DEPARTMENT

PAYMENT OF REFRESHMENT ALLOWANCE:

NIGERIA SECURITY AND CIVIL DEFENCE CORPS (NSCDC)

Year of Examination

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

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

Kindly acknowledge receipt of your refreshment allowance for each day of the examination.

Days	Name of Officer	Identity Number	Amount Received	Phone Number	Signature/Date
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					
Day 8					
Day 9					
Day 10					

Day 11					
Day 12					
Day 13					
Day 14					
TOTAL AMOUNT RECEIVED					

Full Name of Supervisor (No initial please).....

Staff Identity Number

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Designation/Rank

Department/Station.....

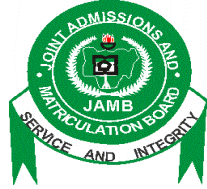
Phone Number

e-Mail Address

Signature/Date

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

JAMB/TA/UTME/PHC



TEST ADMINISTRATION DEPARTMENT

PAYMENT OF HONORARIUM TO CENTRE

Year of Examination

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

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

Kindly acknowledge receipt of your honorarium for each day of the examination.

Days	Name	Amount Received	Phone Number	Signature/Date
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				

Day 8				

Day 9				
Day 10				
Day 11				
Day 12				
Day 13				
Day 14				
TOTAL AMOUNT RECEIVED				

Full Name of Centre Administrator (No initial please).....
 Designation/Rank.....
 ...
 Institution.....
 .
 Phone Number

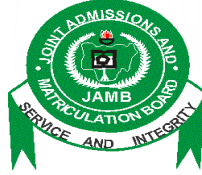
 e-Mail Address.....
 Signature/Date.....

JOINT ADMISSIONS AND MATRICULATION BOARD

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

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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

