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

QUALITY ASSURANCE DEPARTMENT

TECHNICAL STAFF DAILY ATTENDANCE REPORT FORM

COMPLETE THIS FORM DAILY

(TO BE COMPLETED BY TECHNICAL STAFF)

YEAR OF EXAMINATION..... **EXAMINATION TOWN**.....

STATE..... **CENTRE NAME**.....

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

DATE.....

S/N	Name of Exam Official	ID Card No	Organisation	Exam Duty	Phone No.	Sign

Full Name of Technical Staff (No initials Please)

.....

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

Department/ Station.....

e-Mail Address.....

Signature/ Date.....

Phone Number.....