

[illegible]

2. Breakdown according to CBT Centres

CBT CENTRE NAME	CENTRE ADMINISTRATOR/ CENTRE SUPERVISOR'S CONTACT NOS	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 (NOS)	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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.....

Full Name of CHIEF EXTERNAL EXAMINER (No initials please) .....

Telephone Number.....

e-Mail Address.....

Signature/ Date.....

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

## STATE .....

**DATE.....**

[illegible]

2. Breakdown according to CBT Centres

CBT CENTRE NAME	CENTRE ADMINISTRATOR/ CENTRE SUPERVISOR'S CONTACT NOS	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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Full Name of State Technical Advisor (No initial please).....

Telephone 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 REPORT FORM

STATE MONITORED .....DATE.....

SESSION: MORNING ☐ MID-DAY ☐ TERNOON ☐

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
---	---	---	---	---

2. Record of attendance.

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

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
---	---	---	---	---

7. Were there incidents of examination malpractice?

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

Please comment as necessary.

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.....

Full Name of Peace Monitor (No initials please) .....

Telephone 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. Did you ensure that the Registration numbers of all candidates with issues are captured (Kindly indicate the nature of the issue against the Registration number)

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

- |  |                          |
|--|--------------------------|
| a. Centre Administrator                                  | <input type="checkbox"/> |
| b. JAMB Technical Staff                                  | <input type="checkbox"/> |
| c. Centre Technical Staff                                | <input type="checkbox"/> |
| d. Proctors  | <input type="checkbox"/> |
| e. BVR   | <input type="checkbox"/> |
| f. Maintenance Assistant                                 | <input type="checkbox"/> |
| g. Nigeria Security and Civil Defence Corps              | <input type="checkbox"/> |
| h. Examination Centre Security                           | <input type="checkbox"/> |
| i. Other security agencies                               | <input type="checkbox"/> |
| j. The general conduct of the examination in your centre | <input type="checkbox"/> |

Please comment as necessary

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

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

Department/ Station.....

Telephone 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





**TEST ADMINISTRATION DEPARTMENT**  
**JAMB TECHNICAL STAFF 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

(b) If any, were the faulty systems replaced from the backup computers available?

YES: (Enter the number replaced)

NO

8. Did the number of candidates writing the examination correspond with the number on the server?

YES/NO

If NO comments

9. 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.....Telephone 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 ☐ TERNOON ☐

**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. Enter Registration numbers of candidates not verified
4. No. of candidates absent

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

Staff Identity Number.....

Telephone Number.....

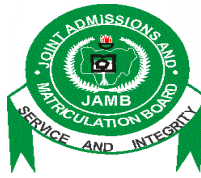
e-Mail Address.....

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/CCTV**



**TEST ADMINISTRATION DEPARTMENT**

**CLOSED CIRCUIT TELEVISION (CCTV) MONITOR 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. Is the CCTV functional? Yes ☐ No ☐

2. Is the CCTV digital? Yes ☐ No ☐

3. Can the CCTV record and store information? Yes ☐ No ☐

4. Can the CCTV view strategic areas in and around the examination centre? Yes ☐ ☐

5. How many cameras are installed in the centre?

6. Can you monitor proceedings conveniently? Yes ☐ No ☐

7. Can you communicate with the Peace Monitors effectively? Yes ☐ ☐

8. What is the DVR capacity of the CCTV?

9. Is there any challenge in copying the CCTV recordings? Yes ☐ No ☐

If Yes, give details.....

.....

10. What is your overall assessment of the CCTV view in the centre? .....

.....

.....

.....

Full Name of CCTV Monitor (No Initial Please) .....

Department/Institution .....

Telephone 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



## 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.....  
Telephone 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/PTC**

**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 PROCTOR	TELEPHONE 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.....Telephone 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 AFTER ☐ N ☐

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

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

2. What is the capacity of your centre?

3. (i) Were you and staff of the centre briefed on the examination? Yes ☐ No ☐

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

4. 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"/>		

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

Orderly ☐ disorderly ☐

6. Were there incidents of examination malpractice? Yes ☐ ☐

If Yes,

(i) what was the nature of the malpractice?

.....  
.....

(ii) how many candidates were involved? .....

7. 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).....

8. 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.....

Telephone Number..... e-mail Address.....

Signature/Date.....

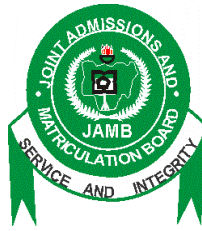
(Note: Use extra sheets where applicable)

## JOINT ADMISSIONS AND MATRICULATION BOARD

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

**PROF. IS-HAQ O. OLOYEDE, OFR, FNALJAMB/TA/UTME /CTS**

Registrar



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 ☐ DAY AFTERN ☐ ☐

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 computersystems 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.....

.....

.....

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

Staff Identity Number.....

Designation/Rank.....

Department/Institution.....

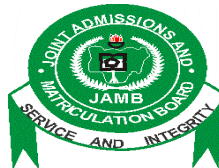
Telephone Number.....

e-mail Address .....

Signature/Date.....

## JOINT ADMISSIONS AND MATRICULATION BOARD

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



## DETAILS OF CANDIDATES

Complete this form as appropriate per session

Year of Examination .....

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

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

CENTRE CAPACITY.....

SESSION: MORNING  MID-DAY  AFTERNOON

[illegible]

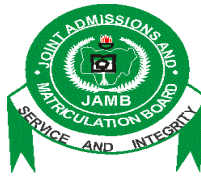
**Note: All relevant documents should be attached.**

Proctor's Full Name (No initials please) ..... Supervisor's Full Name (No initials please) .....

Signature/Date ..... Signature/Date .....

# JOINT ADMISSIONS AND MATRICULATION BOARD

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



## TEST ADMINISTRATION DEPARTMENT

### EXAMINATION MALPRACTICE REPORT FORM II 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.....

CENTRE CAPACITY.....

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?

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

2. What is your explanation or defence?

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

Telephone Number..... Signature/Date .....

B. Proctor's comment(s) .....

.....

.....

Full Name (No Initial please)..... Signature/Date.....

C. Supervisor's recommendation(s).....

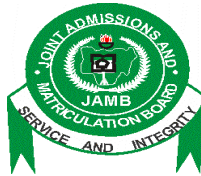
.....  
.....

Full Name (No Initials please)..... Phone Number.....

e-MailAddress..... Signature/Date.....

## JOINT ADMISSIONS AND MATRICULATION BOARD

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



**TEST ADMINISTRATION DEPARTMENT**

PAYMENT OF REFRESHMENT ALLOWANCE:

NIGERIA SECURITY AND CIVIL DEFENCE CORPS (NSCDC)

Year of Examination .....

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

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

CENTRE CAPACITY.....

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

--	--	--	--	--

Designation/Rank .....

Department/Station.....

Telephone 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

JAMB/TA/UTME/PHC





TEST ADMINISTRATION DEPARTMENT

PAYMENT OF HONORARIUM TO CENTRE

Year of Examination .....

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

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

CENTRE CAPACITY.....

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.....

Telephone Number .....

e-mailAddress.....

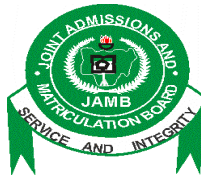
Signature/Date.....

## 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/CRA



**TEST ADMINISTRATION DEPARTMENT**

**REFRESHMENT ACKNOWLEDGMENT FORM:**

Year of Examination .....

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

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

CENTRE CAPACITY..... DAY .....

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:	Name of Officer	Identity Number	Telephone Number	Signature/Date
1	JAMB				
2	CENTRE				
3	PROCTORS				
4	NYSC				

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

Designation/Rank .....

Telephone Number .....

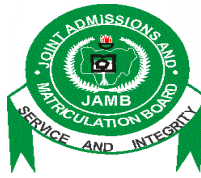
E-mail Address ..... Signature/Date .....

**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/RMF**



**TEST ADMINISTRATION DEPARTMENT**

**RESIDENT MONITOR (RM) 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. Is the Generator functional? Yes ☐ No ☐

2. Were all the Computer System functioning? Yes ☐ No ☐

3. Can the Server connect to the terminals? Yes ☐ No ☐

4. Were you able to monitor all activities conveniently? Yes ☐ No ☐

5. Did you have a good understanding with other officials? Yes ☐ ☐

6. Is there any challenge at the centres? Yes ☐ No ☐

If Yes, give details.....

.....

7. What is your overall assessment of the conduct of the examination at the centre? .....

.....

.....

.....

Full Name of Resident Monitor (No Initial Please) .....

Department/Institution .....

Telephone Number.....

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

**JOINT ADMISSIONS AND MATRICULATION BOARD**  
UNIFIED TERTIARY MATRICULATION EXAMINATION

## UNVERIFIED CANDIDATES FORM

To be completed by candidates that could not be verified by the BVM.

Any candidate not verified by BVM may be rescheduled.

No person is allowed to take this examination without being verified through BVM

### PART A: CANDIDATE DETAILS

i. FULL NAME:

ii. REGISTRATION NO:

iii. EXAMINATION NUMBER:

iv. EXAMINATION CENTRE NAME:

v. DATE OF EXAMINATION:

ME:

vi. EXAMINATION STATE:

vii. NAME OF CENTRE THAT REGISTERED YOU:

viii. STATE OF CENTRE WHERE YOU REGISTERED:

ix. REASON(S) FOR NON VERIFICATION:

### PART B: OFFICIAL USE ONLY

SUPERVISOR'S NAME:

SUPERVISOR'S TELEPHONE NUMBER:

SUPERVISOR'S EMAIL ADDRESS:

SUPERVISOR'S SIGNATURE/DATE:.....