



# JOINT ADMISSIONS AND MATRICULATION BOARD

**NATIONAL HEADQUARTERS**  
SULEJA ROAD, BWARI, P.M.B. 189, GARKI, ABUJA, NIGERIA.  
PHONE: 08123658955  
Website: <http://www.jamb.gov.ng>

## 2021 ACCREDITATION ASSESSMENT FORM FOR JAMB OFFICIALS ONLY

### SECTION A:

| GENERAL INFORMATION                         |  | FOR JAMB'S OFFICIAL USE ONLY |    |                                   |
|---|--|------------------------------|----|-----------------------------------|
|   |  | Verification                 |    | Comments by Technical Coordinator |
|   |  | Yes                          | No |                                   |
| 1. Name of Center                           |  |                              |    |                                   |
| 2. Specific Address (with landmarks):       |  |                              |    |                                   |
| 3. Name of CBT Owner or Head of Institution |  |                              |    |                                   |
| 4. National Identification Number (NIN)     |  |                              |    |                                   |
| 5. Contact number(s)                        |  |                              |    |                                   |



|  |   |  |  |  |
|--|---|--|--|--|
| 6. Email address(s)  |   |  |  |  |
| 7. Proprietorship:   | <input type="checkbox"/> Government/Public<br><input type="checkbox"/> Private Institution<br><input type="checkbox"/> Private Individual |  |  |  |
| If the CBT centre is owned by a Private Institution or Private Individual, the CAC Registration Number is required | <b>Please provide the CAC Registration Number (Attach copy of CAC registration)</b>   |  |  |  |
| 8. Name of Center Administrator/Manager:   |   |  |  |  |
| 9. National Identification Number (NIN)  |   |  |  |  |
| 11. Contact number(s):   |   |  |  |  |
| 12. Email address(s):  |   |  |  |  |
| 13. Descriptive location of the Center with landmarks:   |   |  |  |  |
| 14. Town Name:   |   |  |  |  |
| 15. Local Government Area  |   |  |  |  |
| 16. State:   |   |  |  |  |



## SECTION B: PRE-REGISTRATION OF CBT CENTRE OFFICIALS

|   |  |                                     |  |                                      |
|---|--|-------------------------------------|--|--------------------------------------|
| Each CBT centre is required to pre-register three (3) officials who will be permitted to enter the examination while in session | <i>Please provide the Names, Telephone Numbers, E- Mail Addresses and Passport Photographs of three (3) reliable and honest persons authorized to enter the examination while in session. This may include other listed personnel.</i> |                                     |  |                                      |
|   |  | <b>FOR JAMB'S OFFICIAL USE ONLY</b> |  |                                      |
|   |  | Verification<br>Yes      No         |  | Comments by Technical<br>Coordinator |
| Number of Technical Personnel<br>(Minimum of 2 per center)  |  |                                     |  |                                      |
| 17. Name of Technical Personnel 1<br>to enter examination hall  |  |                                     |  |                                      |
| 18. National Identification Number<br>(NIN)   |  |                                     |  |                                      |
| 19. Qualifications  |  |                                     |  |                                      |
| 20. Passport of Technical Personnel<br>1 to enter examination hall<br>while in session?   | <div style="border: 1px solid green; width: 150px; height: 100px; margin: 0 auto;"> <p style="text-align: center;">Passport</p> </div>   |                                     |  |                                      |
| 21. Name of Technical Personnel 2<br>to enter examination hall  |  |                                     |  |                                      |
| 22. National Identification Number<br>(NIN)   |  |                                     |  |                                      |



|  |   |  |  |  |
|--|---|--|--|--|
| 23. Qualifications   |   |  |  |  |
| 24. Passport of Technical Personnel<br>2 to enter examination hall<br>while in session?    | <div style="border: 1px solid green; width: 150px; height: 100px; margin: auto; text-align: center; padding: 5px;">Passport</div> |  |  |  |
| 25. Number of Network<br>Administrators/Engineers<br>(Minimum of 1 person)                 |   |  |  |  |
| 26. Name of Network<br>Administrator to enter<br>examination hall                          |   |  |  |  |
| 27. National Identification Number<br>(NIN)  |   |  |  |  |
| 28. Qualifications   |   |  |  |  |
| 29. Passport of Network<br>Administrator to enter<br>examination hall while in<br>session? | <div style="border: 1px solid green; width: 150px; height: 100px; margin: auto; text-align: center; padding: 5px;">Passport</div> |  |  |  |
| 30. Number of Administrative<br>Personnel  |   |  |  |  |
| 31. Number of Security<br>Personnel  |   |  |  |  |



**SECTION C:**

| BANK INFORMATION  |  | FOR JAMB'S OFFICIAL USE ONLY |    |                                      |
|---|--|------------------------------|----|--------------------------------------|
|   |  | Verification<br>Yes          | No | Comments by Technical<br>Coordinator |
| 32. Name of Center's Banker<br>(BANK)   |  |                              |    |                                      |
| 33. Bank account number   |  |                              |    |                                      |
| *Candidates have been advised not to pay cash at the center. Please pay into the bank account of the CBT center |  |                              |    |                                      |

**SECTION D:**

| CENTER AND ENVIRONMENT   |   | FOR JAMB'S OFFICIAL USE ONLY |    |                                      |
|--|---|------------------------------|----|--------------------------------------|
|  |   | Verification<br>Yes          | No | Comments by Technical<br>Coordinator |
| 34. Previous Usage:  | <input type="checkbox"/> 2018 Capacity: _____<br><input type="checkbox"/> 2019 Capacity: _____<br><input type="checkbox"/> 2020 Capacity: _____ |                              |    |                                      |
| 35. 2021 Centre Capacity   |   |                              |    |                                      |
| 36. Description of the building in the Institution e.g. Tafawa Balewa ICT hall           |   |                              |    |                                      |
| 37. Lighting   | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate   |                              |    |                                      |
| 38. Provision of white or off-white background for capturing of passports of candidates. | <input type="checkbox"/> Available <input type="checkbox"/> Unavailable   |                              |    |                                      |
| 39. Plan Of Center Submitted?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                              |    |                                      |



|   |  |  |  |  |
|---|--|--|--|--|
| 40. Date of completion of building                      |  |  |  |  |
| 41. Inner ceiling material                              |  |  |  |  |
| 42. Number Of Exit/Entrance Doors                       |  |  |  |  |
| 43. Number of Internal Toilets                          |  |  |  |  |
| 44. Number Of External Toilets                          |  |  |  |  |
| 45. Number of Cubicles                                  |  |  |  |  |
| 46. Number of Chairs                                    |  |  |  |  |
| 47. Types of Air-Conditioners Present                   | <input type="checkbox"/> Standing Unit Number: _____<br><input type="checkbox"/> Split Unit Number: _____<br><input type="checkbox"/> Window Unit Number: _____<br><input type="checkbox"/> Others Number: _____ |  |  |  |
| 48. Does the center have a holding area?                | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| 49. If Yes, What is the seating capacity of the holding |  |  |  |  |
| 50. Is it adequate?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| 51. Holding Area features                               | <input type="checkbox"/> Canopy <input type="checkbox"/> Chairs <input type="checkbox"/> Benches   |  |  |  |
| 52. Is the Center located within a fenced Institution?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| 53. Is the center itself fenced?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| 54. Sufficient number of wall clocks present?           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><i>The clocks must be placed at vantage positions within the examination hall/rooms.</i>   |  |  |  |



**SECTION E:**

| COMPUTERS AND TECHNOLOGY  |  | FOR JAMB'S OFFICIAL USE ONLY |    |                                      |
|---|--|------------------------------|----|--------------------------------------|
|   |  | Verification<br>Yes          | No | Comments by Technical<br>Coordinator |
| 55. Total Number Of Functional<br>56. Computers                                       |  |                              |    |                                      |
| 57. Types of Computers<br>(minimum 2GB Ram on<br>each computer)                       | <input type="checkbox"/> Desktop      Number: _____<br><input type="checkbox"/> Laptops      Number: _____<br><input type="checkbox"/> Thin Clients      Number: _____<br><input type="checkbox"/> Zero Clients      Number: _____<br><input type="checkbox"/> Others      Number: _____ |                              |    |                                      |
| 58. Total Number Of Backup<br>Computers   | <input type="checkbox"/> Desktop      Number: _____<br><input type="checkbox"/> Laptops      Number: _____<br><input type="checkbox"/> Thin Client      Number: _____<br><input type="checkbox"/> Others      Number: _____  |                              |    |                                      |
| 59. Operating System  | <input type="checkbox"/> Windows XP      Number: _____<br><input type="checkbox"/> Windows 7      Number: _____<br><input type="checkbox"/> Windows 8      Number: _____<br><input type="checkbox"/> Windows 10      Number: _____<br><input type="checkbox"/> Linux      Number: _____  |                              |    |                                      |
| 60. Screen sizes  | <input type="checkbox"/> 15"      Number: _____<br><input type="checkbox"/> 17"      Number: _____<br><input type="checkbox"/> Above 18"      Number: _____  |                              |    |                                      |
| 61. Minimum specification of<br>2GB Ram on all computers<br>achieved? (Including thin | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |    |                                      |
| 62. Does the center have 250<br>computers   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |    |                                      |
| 63. If No, How many?  |  |                              |    |                                      |
| 64. Will the Center be able to<br>make up the 250 before<br>the Exam?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |    |                                      |



|  |   |  |  |  |
|--|---|--|--|--|
| 65. If Yes, how many more will be added?                   |   |  |  |  |
| 66. Are all 250 computers housed in one HALL?              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                      |  |  |  |
| 67. If No, Are all computers located in the same BUILDING? | <input type="checkbox"/> Yes <input type="checkbox"/> No                                      |  |  |  |
| 68. Distance apart of the buildings (if apart)             |   |  |  |  |
| 69. CPU Type   | <input type="checkbox"/> Tower <input type="checkbox"/> Desktop <input type="checkbox"/> Mini |  |  |  |
| 70. Antivirus Present                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                      |  |  |  |
| 71. Keyboard Type  |   |  |  |  |
| 72. Mouse (Optical?)                                       |   |  |  |  |

**SECTION F:**

| POWER AND ELECTRICAL                      |  | FOR JAMB'S OFFICIAL USE ONLY |    |                                      |
|---|--|------------------------------|----|--------------------------------------|
|   |  | Verification<br>Yes          | No | Comments by Technical<br>Coordinator |
| 73. Inverter/UPS Present                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |    |                                      |
| 74. Inverter/UPS Model                    |  |                              |    |                                      |
| 75. Inverter/UPS Capacity                 |  |                              |    |                                      |
| 76. Number of Batteries                   |  |                              |    |                                      |
| 77. Amp of Batteries                      |  |                              |    |                                      |
| 78. Solar Charger Present                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |    |                                      |
| 79. Solar Charger capacity                |  |                              |    |                                      |
| 80. Number of Ceiling electrical lighting |  |                              |    |                                      |
| 81. Generator Present                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |    |                                      |
| 82. Number of Generators Present          |  |                              |    |                                      |





|                                    |  |  |  |  |
|------------------------------------|--|--|--|--|
| 83. Generator Model(s)             |  |  |  |  |
| 84. Generator Capacity(s)          |  |  |  |  |
| 85. Generator Diesel Tank Capacity |  |  |  |  |
| 86. Change Over model              |  |  |  |  |
| 87. Distribution Box Present       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| 88. System Power Connection type   |  |  |  |  |

**SECTION G:**

| NETWORK   |  | FOR JAMB'S OFFICIAL USE ONLY |    |                                      |
|---|--|------------------------------|----|--------------------------------------|
|   |  | Verification<br>Yes          | No | Comments by Technical<br>Coordinator |
| 89. Network Cabling Present   | <input type="checkbox"/> Yes <input type="checkbox"/> No           |                              |    |                                      |
| 90. Wireless Network Present<br><i>(please note wireless networks not acceptable)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No           |                              |    |                                      |
| 91. If Present, Wireless Network Enabled/Disabled?                                    | <input type="checkbox"/> Enabled <input type="checkbox"/> Disabled |                              |    |                                      |
| 92. Network Switch Model  |  |                              |    |                                      |
| 93. Number of Ports   |  |                              |    |                                      |
| 94. Number of Switches<br>(minimum of 8 for 24 port switches)                         |  |                              |    |                                      |
| 95. Other switch models (If Present)  |  |                              |    |                                      |
| 96. Number of switches  |  |                              |    |                                      |
| 97. Server Rack Present   | <input type="checkbox"/> Yes <input type="checkbox"/> No           |                              |    |                                      |



**SECTION H: PREFERRED TELECOM NETWORK**

(No CBT centre outside the coverage of Airtel/MTN signal will be considered)

| AVAILABILITY OF MTN/AIRTEL NETWORK                |  | FOR JAMB'S OFFICIAL USE ONLY |    |                                   |
|---|--|------------------------------|----|-----------------------------------|
|   |  | Verification                 |    | Comments by Technical Coordinator |
|   |  | Yes                          | No |                                   |
| 98. Strong and stable MTN/Airtel Network present? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |    |                                   |
| 99. If Yes, which of the two would you prefer?    | MTN  |                              |    |                                   |
|   | Airtel   |                              |    |                                   |

**SECTION I:**

| SERVERS   |  | FOR JAMB'S OFFICIAL USE ONLY |    |                                   |
|---|--|------------------------------|----|-----------------------------------|
|   |  | Verification                 |    | Comments by Technical Coordinator |
|   |  | Yes                          | No |                                   |
| 100. Server present?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |    |                                   |
| 101. Location of Server Room                              |  |                              |    |                                   |
| 102. If different from Center, please state distance      |  |                              |    |                                   |
| 103. Number of Servers Present                            |  |                              |    |                                   |
| 104. Are all computer systems connected to the server(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |    |                                   |
| 105. If No, state the number of servers                   |  |                              |    |                                   |



|  |  |  |  |  |
|--|--|--|--|--|
| 106. Server – client distribution                | <input type="checkbox"/> Server 1 Number of clients: _____<br><input type="checkbox"/> Server 2 Number of clients: _____<br><input type="checkbox"/> Server 3 Number of clients: _____ |  |  |  |
| 107. Server Model                                |  |  |  |  |
| 108. Hard drive Size                             |  |  |  |  |
| 109. Ram Size                                    |  |  |  |  |
| 110. Minimum specification of 32GB Ram on server | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| 111. CD ROM Present?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| 112. Server Orientation                          | <input type="checkbox"/> Tower <input type="checkbox"/> Rack   |  |  |  |
| 113. Server Processor                            |  |  |  |  |

**SECTION J:**

| CCTV (See specification of CCTV attached)                                     |  | FOR JAMB'S OFFICIAL USE ONLY |    |                                      |
|---|--|------------------------------|----|--------------------------------------|
|   |  | Verification<br>Yes          | No | Comments by Technical<br>Coordinator |
| 114. Number of cameras present  |  |                              |    |                                      |
| 115. Digital Video Recorder (DVR) Present in separate room?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |    |                                      |
| 116. Password to DVR available and verified                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |    |                                      |
| 117. Ability to view live recording   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |    |                                      |
| 118. Ability to play back recording (DVR must store recordings up to 1 month) | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |    |                                      |



|  |  |  |  |  |
|--|--|--|--|--|
| 119. Ability to export video recordings to external hard drive | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Sample copying |  |  |  |
| 120. Ability to view live recordings                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                   |  |  |  |
| 121. Ability to view playback through standard browser         | Try it   |  |  |  |
| 122. Standard search and navigation controls                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                   |  |  |  |
| 123. Power backup for video recorder present?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Try it         |  |  |  |
| 124. RJ45 LAN Network port of DVR present?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                   |  |  |  |
| 125. Hard drive capacity of DVR                                |  |  |  |  |
| 126. Recording capacity of DVR (Time)                          |  |  |  |  |
| 127. Number of IP Cameras                                      |  |  |  |  |
| 128. Number of Analog Cameras                                  |  |  |  |  |

**SECTION K:**

| CCTV CAMERA COVERAGE AREAS |  | FOR JAMB'S OFFICIAL USE ONLY |  |                                      |
|----------------------------|--|------------------------------|--|--------------------------------------|
|                            |  | Verification<br>Yes      No  |  | Comments by Technical<br>Coordinator |
| 129. Entry door            |  |                              |  |                                      |
| 130. Exit door             |  |                              |  |                                      |



|   |  |  |  |  |
|---|--|--|--|--|
| 131. Cross section of examination hall (2 cameras at opposite ends) |  |  |  |  |
| 132. External building (including front door)                       |  |  |  |  |
| 133. Biometric verification area (If in proximity)                  |  |  |  |  |
| 134. Candidate waiting area   |  |  |  |  |
| 135. Server Room  |  |  |  |  |



**Declaration by Center Proprietor**

I, ..... certify that the information provided above is accurate and reliable.

Name: .....

Designation: ..... Mobile No: .....

Email Address: ..... Signature/Date: .....

**Authentication by Center Manager/Administrator**

This information provided is further authenticated as correct by:

Name: .....

Designation: ..... Mobile No: .....

Email Address: ..... Signature/Date: .....

**Verification by JAMB appointed technical staff**

This report was authenticated and received by me as correct:

Name.....



Designation:.....MobileNo: .....

Email Address: ..... Signature/Date: .....

**Endorsement by State Coordinator**

This form was endorsed by:

Name: .....

Designation: ..... Mobile No: .....

Email Address: ..... Signature/Date: .....

**NOTE:** Photocopy of CAC Registration Certificate must be attached to this form.



**JOINT ADMISSIONS AND MATRICULATION BOARD**  
**ACCREDITATION/RECOMMENDATION OF SUITABLE CBT CENTRES FOR 2021 UTME**  
**STRICTLY FOR OFFICIAL USE**

(To be downloaded along with the Accreditation Assessment Form)

STATE:

LGA: EXAMINATION TOWN:

NAME OF CENTRE: .....

.....

SPECIFIC LOCATION ADDRESS: .....

.....

**I) AUTHENTICATION BY JAMB STAFF (TECHNICAL)**

(a) Is this Centre technically fit for the conduct of the 2021 UTME?      Yes       No

(b) Can you say that this Centre is suitable for the conduct of the 2021 UTME?      Yes       No

Other comments:.....

.....

Name of Technical Staff:.....

Staff I.D. No:..... Mobile No:.....e-Mail address:.....

Signature and Date:.....





**II) AUTHENTICATION BY JAMB STAFF (Supervisor)**

Do you recommend this Centre for the 2021 UTME?

Yes

No

Other comments:.....  
.....

Name of Supervisor:..... Staff I.D. No:..... Mobile No:.....

Email address:..... Signature and Date:.....

**III) RECOMMENDATION BY CHIEF TECHNICAL ADVISOR**

Is this centre suitable for the conduct of 2021 UTME?

Yes

No

Other comments: .....  
.....

Name of Chief Technical Advisor:.....

Name and Address of Institution:.....

Mobile No: ..... Email address:.....

Signature and Date: .....

**FOR OFFICE USE**

APPROVAL BY JAMB: APPROVED

NOT APPROVE