



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>

2022 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 Centre				
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 <input type="checkbox"/> Private Institution <input type="checkbox"/> Private Individual			
If the CBT Centre is owned by a Private Institution or Private Individual, the CAC Registration Number is required	Please provide the CAC Registration Number (Attach copy of CAC registration)			
8. Name of Centre Administrator/Manager:				
9. National Identification Number (NIN)				
11. Contact number(s):				
12. Email address(s):				
13. Descriptive location of the Centre 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>			
		FOR JAMB'S OFFICIAL USE ONLY		
		Verification Yes No		Comments by Technical Coordinator
Number of Technical Personnel (Minimum of 2 per centre)				
17. Name of Technical Personnel 1 to enter examination hall				
18. National Identification Number (NIN)				
19. Qualifications				
20. Passport of Technical Personnel 1 to enter examination hall while in session?	<div style="border: 1px solid green; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Passport </div>			
21. Name of Technical Personnel 2 to enter examination hall				
22. National Identification Number (NIN)				



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



SECTION C:

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

SECTION D:

CENTRE AND ENVIRONMENT		FOR JAMB'S OFFICIAL USE ONLY		
		Verification Yes No		Comments by Technical Coordinator
34. Previous Usage:	<input type="checkbox"/> 2019 Capacity: _____ <input type="checkbox"/> 2020 Capacity: _____ <input type="checkbox"/> 2021 Capacity: _____			
35. 2022 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 Centre 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: _____ <input type="checkbox"/> Split Unit Number: _____ <input type="checkbox"/> Window Unit Number: _____ <input type="checkbox"/> Others Number: _____			
48. Does the centre 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 Centre located within a fenced Institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
53. Is the centre 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 <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 Yes	No	Comments by Technical Coordinator
55. Total Number of Functional 56. Computers				
57. Types of Computers (minimum 2GB Ram on each computer)	<input type="checkbox"/> Desktop Number: _____ <input type="checkbox"/> Laptops Number: _____ <input type="checkbox"/> Thin Clients Number: _____ <input type="checkbox"/> Zero Clients Number: _____ <input type="checkbox"/> Others Number: _____			
58. Total Number of Backup Computers	<input type="checkbox"/> Desktop Number: _____ <input type="checkbox"/> Laptops Number: _____ <input type="checkbox"/> Thin Client Number: _____ <input type="checkbox"/> Others Number: _____			
59. Operating System	<input type="checkbox"/> Windows XP Number: _____ <input type="checkbox"/> Windows 7 Number: _____ <input type="checkbox"/> Windows 8 Number: _____ <input type="checkbox"/> Windows 10 Number: _____ <input type="checkbox"/> Linux Number: _____			
60. Screen sizes	<input type="checkbox"/> 15" Number: _____ <input type="checkbox"/> 17" Number: _____ <input type="checkbox"/> Above 18" Number: _____			
61. Minimum specification of 2GB Ram on all computers achieved? (Including thin	<input type="checkbox"/> Yes <input type="checkbox"/> No			
62. Does the centre have 250 computers	<input type="checkbox"/> Yes <input type="checkbox"/> No			
63. If No, How many?				
64. Will the Centre be able to make up the 250 before 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 Yes	No	Comments by Technical 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 Yes	No	Comments by Technical Coordinator
89. Network Cabling Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
90. Wireless Network Present <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 (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 Centre, 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: _____ <input type="checkbox"/> Server 2 Number of clients: _____ <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 Yes	No	Comments by Technical 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 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 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 Yes No		Comments by Technical 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 Centre Proprietor

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

Name:

Designation: Mobile No:

Email Address: Signature/Date:

Authentication by Centre 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: Mobile No:

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 2022 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 2022 UTME? Yes No

(b) Can you say that this Centre is suitable for the conduct of the 2022 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 2022 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 2022 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 APPROVED