BONDO TECHNICAL TRAINING INSTITUTE



Tel. 057 204 1555
Email: bondotti@yahoo.com
Website: bondotti.ac.ke
P.O. Box 377 – 40601, Bondo - Kenya



ACCOUNTS CLOSURE FORM

DEPARTMENTAL CLEARANCE FORM

DEPA	RTMENT			
COUR	ENT'S NAME:			
MODU	LE DURATION: FROM	Т	O:	
S/NO	SUBJECT UNITS	NAME OF TUTOR	SIGN	REMARKS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
H.O.D	REMARKS	SIGN	DATE	
CHEC	KED BY H.O.D OF DEPART!	MENT	DATE	

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DEPARTMENTAL LIABILITY FORM

DEPARTMENT					
STUDENT	"S NAME:	ADMISSIO	N NO		
COURSE:					
MODULE	DURATION: FROM	то:		•••••	
S/NO	DESCRIPTION OF LIABILITY	COST (KSHS)	RECEIPT NO.	REMARKS	
1					
2					
2					
<u> </u>					
5					
1 2 3 4 5 6 7 8 9					
7					
8					
9					
10					
11					
H.O.D RE	MARKS SI				

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CLEARANCE FORM					
STUDENT'S NAME:	ADMISSION NO				
	TO:				
PART A					
1. ELECTRICALENGINEERING NAME:	2.ICT NAME:				
NAME: SIGNED: REMARKS: DATE:	NAME:				
5. <u>LIBERAL STUDIES</u> NAME: SIGNED: REMARKS: DATE:	DATE:				

PART B

4 CENTERNIEG VINVON	A GRODES OFFICER
1. <u>STUDENTS UNION</u>	2. SPORTS OFFICER
NAME:	NAME:
SIGNED:	SIGNED:
REMARKS:	REMARKS:
DATE:	DATE:
2 DETECT LADD A DALAY	
3. <u>BTTI LIBRARIAN</u>	4. <u>EXAMINATION</u>
NAME:	NAME:
SIGNED:	SIGNED:
REMARKS:	REMARKS:
DATE:	DATE:
5. <u>DEAN OF STUDENTS</u>	6. STUDENT'S CONTACT
NAME:	NAME:
SIGNED:	SIGNED:
REMARKS:	REMARKS:
DATE:	DATE:
	PHONE NO./MOBILE
7. <u>FINANCE OFFICER</u>	8. <u>ILO</u>
NAME:	NAME:
SIGNED:	SIGNED:
REMARKS:	REMARKS:
DATE:	DATE:
N/B All students are required to bring back their	college IDs before being cleared by the registrar.
	3 7 3
	sure that they have been cleared from all the department
above. It is the responsibility of the student to o	btains clearance from all the departments.
	the Registrar. Unless this form is received back at the
Registrar's Registrar's	r Examination Result Slip/Certificate will be issued out.
Remarks	
REGISTRAR	
SIGN	DATE & STAMP