

# BONDO TECHNICAL TRAINING INSTITUTE



Tel. 057 204 1555  
Email: [bondotti@yahoo.com](mailto:bondotti@yahoo.com)  
Website: [bondotti.ac.ke](http://bondotti.ac.ke)  
P.O. Box 377 – 40601, Bondo - Kenya



## DEPARTMENTAL CLEARANCE FORM

DEPARTMENT.....

STUDENT'S NAME: ..... ADMISSION NO. ....

COURSE: .....

MODULE DURATION: FROM ..... TO: .....

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.....

CHECKED BY H.O.D OF DEPARTMENT ..... DATE.....

# BONDO TECHNICAL TRAINING INSTITUTE



Tel. 0 57 204 1555  
Email: [bondotti@yahoo.com](mailto:bondotti@yahoo.com)  
Website: [bondotti.ac.ke](http://bondotti.ac.ke)  
P.O. Box 377 – 40601, Bondo - Kenya



## DEPARTMENTAL LIABILITY FORM

**DEPARTMENT.....**

**STUDENT'S NAME: ..... ADMISSION NO. ....**

**COURSE: .....**

**MODULE DURATION: FROM ..... TO: .....**

S/NO	DESCRIPTION OF LIABILITY	COST (KSHS)	RECEIPT NO.	REMARKS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

**H.O.D REMARKS ..... SIGN..... DATE.....**

**CHECKED BY H.O.D OF DEPARTMENT ..... DATE.....**

# BONDO TECHNICAL TRAINING INSTITUTE



Tel. 0 57 204 1555  
Email: [bondotti@yahoo.com](mailto:bondotti@yahoo.com)  
Website: [bondotti.ac.ke](http://bondotti.ac.ke)  
P.O. Box 377 – 40601, Bondo - Kenya



## CLEARANCE FORM

STUDENT'S NAME: ..... ADMISSION NO. ....  
COURSE: ..... DEPARTMENT .....

MODULE DURATION: FROM ..... TO: .....

TO BE FILLED BY HODs

### PART A

#### 1. ELECTRICAL ENGINEERING

NAME: .....  
SIGNED: .....  
REMARKS: .....  
DATE: .....

#### 2. ICT

NAME: .....  
SIGNED: .....  
REMARKS: .....  
DATE: .....

#### 3. BUSINESS STUDIES

NAME: .....  
SIGNED: .....  
REMARKS: .....  
DATE: .....

#### 4. BUILDING & CIVIL ENGINEERING

NAME: .....  
SIGNED: .....  
REMARKS: .....  
DATE: .....

#### 5. LIBERAL STUDIES

NAME: .....  
SIGNED: .....  
REMARKS: .....  
DATE: .....

#### 6. APPLIED SCIENCES

NAME: .....  
SIGNED: .....  
REMARKS: .....  
DATE: .....

**PART B**

**1. STUDENTS UNION**

NAME: .....  
SIGNED: .....  
REMARKS: .....  
DATE: .....

**2. SPORTS OFFICER**

NAME: .....  
SIGNED: .....  
REMARKS: .....  
DATE: .....

**3. BTTI LIBRARIAN**

NAME: .....  
SIGNED: .....  
REMARKS: .....  
DATE: .....

**4. EXAMINATION**

NAME: .....  
SIGNED: .....  
REMARKS: .....  
DATE: .....

**5. DEAN OF STUDENTS**

NAME: .....  
SIGNED: .....  
REMARKS: .....  
DATE: .....

**6. STUDENT'S CONTACT**

NAME: .....  
SIGNED: .....  
REMARKS: .....  
DATE: .....  
PHONE NO./MOBILE.....

**7. FINANCE OFFICER**

NAME: .....  
SIGNED: .....  
REMARKS: .....  
DATE: .....

**8. ILO**

NAME: .....  
SIGNED: .....  
REMARKS: .....  
DATE: .....

**N/B** All students are required to bring back their college IDs before being cleared by the registrar.

All students on completion of a module must ensure that they have been cleared from all the departments above. It is the responsibility of the student to obtain clearance from all the departments.

This form when completed **MUST** be returned to the Registrar. Unless this form is received back at the Registrar's office neither a Leaving Certificate nor Examination Result Slip/Certificate will be issued out.

REGISTRAR .....  
SIGN .....

**DATE & STAMP**