



BUTERE TECHNICAL TRAINING INSTITUTE
CDACC EXAMINATION REGISTRATION FORM

Trainee Full Name:..... Phone No:.....

Adm No.:..... Course Code:

Course Name:..... Assessment no:....

Previous KNEC Index No:..... Year of prev exam:.....

Birth Certificate Entry No: National ID No:

Gender: M/F Disability: YES/NO. If YES, specify the type:.....

PAPER CODE	PAPER NAME

Kindly attach copies of Birth Certificate, National ID, KCPE and KCSE certificates/result slips.

Trainee's Signature:..... Date:.....

DEPARTMENT

Name of HOD:.....

Remarks:.....

Stamp & Sign:..... Date:.....

DEPUTY PRINCIPAL ACADEMICS & TRAINEE AFFAIRS

Remarks:.....

Stamp & Sign:..... Date:.....

FINANCE OFFICER:

Examination Fees paid by the Trainee:..... Total Fee Balance:.....

Remarks:..... Stamp & Sign:..... Date:.....

Submit the completely filled and dully signed form to the Examination Office before the registration deadline.