



NYANDARUA NATIONAL POLYTECHNIC

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TRAINEES CLEARANCE FORM *(to be filled in duplicate)*

NyNP/ADM/TCF/001

Name:..... Adm. No:..... Department:.....

Class..... Phone No:..... Date:.....

This form must be completed by all HODs/HOSs before the trainees can be cleared from the Polytechnic.

DEPARTMENT	LOSSES	EST. VALUE	REMARKS	SIGNATURE AND DATE
AGRICULTURE				
AGRIC. TECHNICIAN				
BUSINESS STUDIES				
BCE				
BCE TECHNICIAN				
ICT				
ICT TECHNICIAN				
MECHANICAL				
MECH. TECHNICIAN				
ELECTRICAL				
ELECT. TECHNICIAN				
LIBERAL STUDIES				
APPLIED SCIENCE				
HOSPITALITY				
FASHION DESIGN & COSMETOLOGY				
CLINIC				
STORE				
GAMES AND SPORT				
DOS				
OCS				
LIBRARY				
ILO				
SECURITY				
FINANCE				

Principal/Deputy Principal's Remarks

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SIGNATURE.....DATE.....

