

## BUTERE TECHNICAL TRAINING INSTITUTE

## KNEC EXAMINATION REGISTRATION FORM

Trainee Full Name:		Phone No:
Department:		Course Code:
Course Name:		Module/Stage:
Previous KNEC Index No:		Year of prev exam:
Birth Certificate Entry No:		National ID No:
Gender: M/F Di	sability: YES/NO. If YES, specify	y the type:
PAPER CODE	PAPER NAME	
Certificate, Nation copies of National	al ID, KCPE and KCSE certificates. ID and the most recent KNEC BTE	the first time to attach copies of Birth  Repeaters and those progressing to attach  P or Technical Exam certificate/result slip.
		Date:
<u>DEPARTMENT</u>		
Name of HOD:		
Remarks:		
Stamp & Sign:		Date:
DEPUTY PRINC	CIPAL ACADEMICS & TRAIN	NEE AFFAIRS
Remarks:		
Stamp & Sign:		Date:
FINANCE OFFI	ICER:	
Examination Fees paid by the Trainee:		Total Fee Balance:
Remarks:	Stamp & Sign:	Date:
Submit the complete	ly filled and dully signed form to the Ex	camination Office before the registration deadline.