

TENGERU INSTITUTE OF COMMUNITY DEVELOPMENT

CLEARANCE FORM ACADEMIC YEAR 2018/2019

This form must be returned to Registrar Office upon dully filled and signed by Head of Department/Sections or Office listed in this form

THIS IS TO CERTIFY THAT MR/MS.....HAD RETURNED THE INSTITUTE'S PROPERTIES FALLING UNDER:

s/n	Department/Section	Particulars Not Returned / Dept	Cleared By:
1	The Department Of Community Development/ Gender/ Project Planning.		Name: Sign: Date:
2	The Account Section		Name: Sign: Date:
3	The Estate Section		Name: Sign: Date:
4	The Library Section		Name: Sign: Date:
5	The IT Section		Name: Sign: Date:
6	The Procurement Section		Name: Sign: Date:
7	The National Women Research Documentation Center.		Name: Sign: Date:
8	The Dean of Students' Office (Warden/Matron Office).		Name: Sign: Date:
9	The Students' Organization		Name: Sign: Date: