



TANZANIA REVENUE AUTHORITY

ISO 9001:2015 Certified

INSTITUTE OF TAX ADMINISTRATION

STUDENT'S CLEARENCE FORM

(To be filled and certified before issuance of certificates)

NAME OF STUDENT..... REG. NO.....

PROGRAMME..... PROGRAMME PERIOD.....

STUDENTS SIGNATURE..... MOBILE NO.....

S/N	DEPARTMENT	NAME OF HEAD OF DEPARTMENT	EMPLOYMENT NO	REMARKS	STAMP & SIGNATURE
1	Head of Library Services				
2	Head of Student's Affairs				
3	Depute Head Admission & Registration.(DHAR)				
4	Head of Finance				

Certification by HoDs

Identify that Mr/Mrs/Ms.....

Is recommended/not recommended for being issued a certificate

Name.....Designation.....

Signature.....Date:.....