



**INSTITUTE OF TAX ADMINISTRATION**

**APPLICATION FORM**

**FOR ADMISSION TO  
POSTGRADUATE/UNDERGRADUATE DEGREE/DIPLOMA/CERTIFICATE  
PROGRAMMES FOR THE  
ACADEMIC YEAR  
2017/2018**

E-mail: [ita@tra.go.tz](mailto:ita@tra.go.tz)

P.O Box 9321

Tel: +255 22 2925110; +255 22 2925114; +255 22 2925100; 0675567985; 0688014717

**DAR ES SALAAM, TANZANIA**

AFIX PHOTO  
TAKEN WITHIN  
THE LAST SIX  
MONTHS

Ref. No. \_\_\_\_\_ (for official use)

This form must be filled and returned to the Admissions Office by **18<sup>th</sup> August 2017**

**(USE BLOCK LETTERS)**

**1. ACADEMIC YEAR:** \_\_\_\_\_

**2. MODE OF SPONSORSHIP (Tick the appropriate box)**

- i. Private sponsorship [ ]  
ii. TRA Sponsorship [ ]  
iii. Other (specify): \_\_\_\_\_ [ ]

**3. APPLICANT'S PERSONAL RECORD:**

- i. Surname: \_\_\_\_\_  
Other names: \_\_\_\_\_  
*Note: The names entered on this form must be the same as those on your A.C.E.E (Form VI) or C.E.E (Form IV) or equivalent]*
- ii. Sex Male ( ) Female ( )
- iii. \*Date of Birth: \_\_\_\_\_
- iv. Place of Birth: \_\_\_\_\_
- v. Citizenship: \_\_\_\_\_
- vi. Religion: \_\_\_\_\_
- vii. Marital Status: \_\_\_\_\_
- viii. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Tel: \_\_\_\_\_
- ix. Contact Address (If different from above):  
\_\_\_\_\_  
\_\_\_\_\_

*\*Attach copy of birth certificate. Affidavit NOT accepted*

- x. Academic Qualifications Attained  
 (a) Certificate of Secondary Education (C.S.E.E)/National Form Four/ or Equivalent

Subject	Grade	Date	Index No	Subject	Grade	Date	Index No

Examining Authority: \_\_\_\_\_ Division: \_\_\_\_\_  
 Examination Centre: \_\_\_\_\_  
 Name of School/Centre: \_\_\_\_\_  
 Country: \_\_\_\_\_

- (b) Advanced Certificate of Secondary Education (A.C.S.E) /National Form VI or Equivalent

Subject	Grade	Date	Index No	Subject	Grade	Date	Index No

Examining Authority: \_\_\_\_\_ Division: \_\_\_\_\_  
 Examination Centre: \_\_\_\_\_  
 Name of School/Centre: \_\_\_\_\_  
 Country: \_\_\_\_\_

- (c) Give details of any qualifications other than C.S.E (Form Four) or A.C.S.E (Form Six) or its equivalent, e.g. University Degree, Diploma or Certificate, etc.

INSTITUTIONS	SUBJECTS	AWARD	GRADE

**NB.**

- It is most important that index number (Where applicable) be given.
- Copies of “O” & “A” Level/Diploma/Certificate must be attached.

xi. Employment Record (where applicable)

JOB HELD	NAME OF EMPLOYER	FROM	TO

Have you ever studied at ITA? Yes:  No:

If yes which course among the listed below:

No.	Course	Year of Admission
1	Postgraduate in Tax Management (PGDT)	
2	Bachelor of Customs and Tax Management (BCTM)	
3	Diploma in Customs and Tax Management (DCTM)	
4	Basic Technician Certificate in Customs and Tax Management (CCTM)	
5	East African Customs Clearing and Freight Forwarding Practising Certificate (CFFPC)	

Have you ever been discontinued from studies? Yes ( ) No ( )

If yes, specify the Institute, course and year

.....  
.....

**4. UNDERGRADUATE DEGREE/DIPLOMA/CERTIFICATE PROGRAMMES OF INSTITUTE OF TAX ADMINISTRATION (ITA)**

Indicate in the list below, the programme for which you are applying

**NB.:** Possession of minimum entry qualifications does not guarantee you admission by the Institute.

**A. CUSTOMS AND TAX MANAGEMENT PROGRAMMES**

Postgraduate Diploma in Taxation (PGDT) (a) Regular { }  
(b) Executive { }

Bachelor in Customs and Tax Management (BCTM) { }

Diploma in Customs and Tax Management (DCTM) { }

Certificate in Customs and Tax Management (CCTM) { }

**B. CLEARING AND FORWARDING PROGRAMME**

East African Customs Clearing and Freight Forwarding Practising Certificate (CFFPC)

(a) Full Time { }

(b) Part Time { }

**5. PHYSICAL DISABILITY**

Do you have any physical or communication disabilities? (*Tick whichever is applicable*)

- (a) Vision/Mobility/Hearing/Others
- (b) If any of the above give details of disability

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**6. DECLARATION**

I declare that all the information given on this form is true and correct to the best of my knowledge.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**7. EMPLOYER'S RECOMMENDATIONS: (Where applicable)**

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**EMPLOYER'S SIGNATURE**

\_\_\_\_\_  
(OFFICIAL STAMP)

\_\_\_\_\_  
(DATE)

**8. SPONSOR'S DECLARATION**

*(To be completed by Private Sponsors)*

I hereby accept the responsibility of paying the fee and other charges for the applicant.

Full Name and Address of Sponsor:

\_\_\_\_\_  
Signature: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

***NB: Important Attachments***

- i) Photocopy of relevant Academic Certificates.
- ii) Photocopy of Birth Certificate
- iii) Bank Pay-in-slip for the application fee
- iv) Recently-taken photo (Passport size).

**Note:**

1. Applicants with foreign certificates must attach conversion letter from relevant authority.

**PLEASE RETURN THE COMPLETE APPLICATION FORM TO:**

**The Admissions Office  
Institute of Tax Administration (ITA)  
P.O.BOX. 9321, Dar es Salaam, TANZANIA  
E-mail: ita@tra.go.tz**