

WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO



BARAZA LA FAMASI



FOMU YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA
KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA
(kutoka katika Kifungu No. 44 (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA

☒ MFAMASIA ☐ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP

1. Jina la mwanataaluma... EDITHA DONALD PIN 0103231
2. Namba ya simu... 0688680944 barua pepe donaldeditha60@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention).....
4. Je, umehuisa taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?
(<http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php>) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... EDITHA DONALD mwenye
taaluma ya dawa ngazi ya DEGREE nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
..... TENED PHARMACY FIN 0101780 lililopo katika
Wilaya ya KINONDONI-TREK Mkoani DAR-ES-SALAAM
Sahihi Editha Tarehe 01/04/2024

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma alijwa ni miongoni/ si miongoni mwa
wanataaluma waliopo katika halmashauri zinayosimamia

Jina na Sahihi Said Nassor Ally Tarehe 03/04/24

Muhuri KNY
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) DUNASU MAZITA Kata ya KINONDONI

Nadhibitisha kwamba Ndugu EDITHA DONALD anaishi

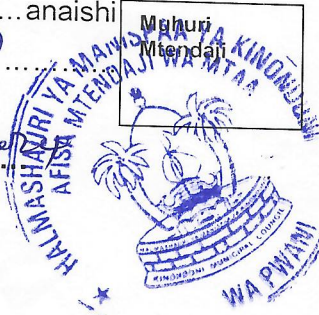
langu mtaa/kijiji DUNASU kuanzia mwaka 2020

Sahihi Afisamtendaji

Tarehe

03/04/2024

Muhuri
Mtendaji



TENED PHARMACY

Dealers in pharmaceutical products, cosmetics and baby products:

P.O. Box 79174
Tegeta Nyuki
DAR ES SALAAM

Tel: 0685058000, 0687088147

CONTRACT AGREEMENT OF THE SUPERINTENDENT PHARMACIST

THIS AGREEMENT is made this 01st day of APRIL between, on the one part, **TENED PHARMACY** of P. O. Box 79174 Dar Es Salaam – Tegeta Nyuki (Hereinafter referred as "the PROPRIETOR") And EDITHA DONALD P. O. Box 90 Dar Es Salaam (Hereinafter referred as "the SUPERINTENDENT") of the other part.

WHEREAS the PROPRIETOR operates a business of a pharmacy which is regulated business under the Pharmacy Act.

NOW THEREFORE the PROPRIETOR and the SUPERINTENDENT agrees to run the business under the terms and conditions herein set:-

1. Up on signing of this Agreement the PROPRIETOR and the SUPERINTENDENT shall together run and operate an establishment and business known as **TENED PHARMACY**.
2. At a salary or emolument stipulated in clause 3 of this agreement, the SUPERINTENDENT shall with all speed and professional diligence, take the necessary steps to establish and efficiently run the said pharmacy, dealing in **PHARMACEUTICALS** regulated under this Act. The "necessary steps" shall include obtaining from the Pharmacy Council and other appropriate authorities the requisite licenses, permits and authorization and keeping the pharmacy within the standards, conditions and manner as contained in any written law for the time being in force governing the management regulation control of the business of pharmacy.
3. Unless the PROPRIETOR is able to meet its expenses from funds generated by the pharmacy, the PROPRIETOR shall supply funds to meet the following expenses:-
 - a) Monthly salary/emoluments of Tshs 700,000 payable monthly to the SUPERINTENDENT in discharging functions as per clause 2 above.
The salary/emoluments shall be net of any applicable taxes and/or deductible employment benefits and shall be paid not later than the 1st day of the following month.
 - b) Where the Proprietor fails to pay a monthly allowance to the Superintendent for ten (10) days without any justifiable cause, the Superintendent shall treat such late payment as a breach of contract and the matter may be taken to court for appropriate legal measure at the expenses of the Proprietor.

4. All technical undertaking and professional shall be the control of the **SUPERINTENDENT**. However, the power to hire and fire as well as disciplining shall lie in the **PROPRIETOR**.
5. The Contract Agreement shall be for a period of 2 months and thereafter it shall run on a year-to-year basis. Unless, one of the parties gives notice of not less than one (1) month to the other of his intention to remove himself the business of pharmacist when the current twelve(12) month period lapses and this notice shall be also presented to Pharmacy Council.
6. Proprietor shall meet all the drawing up this Agreement.

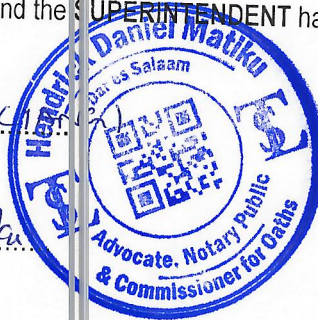
IN WITNESS WHEREOF the **PROPRIETOR** and the **SUPERINTENDENT** have executed this Agreement on the date and in the manner hereinafter appearing.

SIGNED by the said NAMBUA A. K.

And **DELIVERED**

This 01st day of APRIL

Before me Hendrick Daniel Matiku



PROPRIETOR

[Signature]

SIGNED by the said EDITHA DONALD

And **DELIVERED**

This 01st day of APRIL

Before me Hendrick Daniel Matiku



SUPERINTENDENT

[Signature]