

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... CHIKU - B. MRUMA ..... PIN ..01.03.208.....
2. Namba ya simu... 0783 909 203 ..... barua pepe chykumrma@gmail.com.....
3. Tarehe ya mwisho kuhuisha jina (Retention) 31/12/2024.....
4. Je, umehisha 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... CHIKU - B. MRUMA ..... mwenye  
taaluma ya dawa ngazi ya ..... MFAMASIA ..... nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo  
..... MO PHARMACY ..... FIN ..... lililopo katika  
Wilaya ya ILEMELA ..... Mkoani ..... MWANZA .....  
Sahihi ..... Chiku ..... Tarehe ..... 06/02/2025 .....

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa  
wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi James Profase ..... Tarehe 10.02.2025 .....  
Muhuri KNY: DMO  
H. DAKIWA MANISPAAYA ILEM  
H. MASHAURI YA MANISPAAYA ILEM  
S. L. P. 735  
MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji  
Jina la mtendaji (Kata) Federick M. Gilbert Kata ya KIRUMBA  
Nadhibitisha kwamba Ndugu CHIKU - B. MRUMA ..... anaishi  
langu mtaa/kijiji KIRUMBA KATI kuanzia mwaka 2020 .....  
Sahihi Afisamtendaji [Signature] ..... Tarehe 07/02/2025 .....  
Muhuri  
H. DAKIWA MANISPAAYA ILEM  
H. MASHAURI YA MANISPAAYA ILEM  
S. L. P. 735  
MWANZA



THE UNITED REPUBLIC OF TANZANIA  
PHARMACY COUNCIL



**LICENSE TO PRACTICE**

**The Pharmacy Act**

*(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)*

I Hereby Certify that

**CHIKU B MRUMA**

**PIN NO: 0103208**

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311  
is entitled to practice as a **Full Registered Pharmacist** upon the  
terms and subject to the conditions set forth in the  
aforesaid Act and its Regulations thereto.

Issued: **02 February 2023**

Expires on: **31 December 2025**

*Registrar  
Pharmacy Council*





00001860

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

## CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, Cap. 311)



Full Name

Chikwa B. Mnyama

Pharmacy Council  
P. O. Box 1277

\* I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below:

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN	Date					
0103 208	2nd February, 2023	25th May, 1997	Tanzanian	P.O. Box 14808 Arusha	Bachelor of Pharmacy	Catholic University of Health and Allied Sciences 2021

Date 15<sup>th</sup> February 2023

  
REGISTRAR

NOTES: (1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and reference should thereafter be made to the current Published list for evidence as to continue registration.

(2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

CP-1234

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

M.O PHARMACY

C. Neez

(PROPRIETOR)

AND

CHIKU -B. MRUMA

(SUPERINTENDENT)



**AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A  
PHARMACIST**

This Agreement is made on this 06 day of FEBRUARY 20 25

**BETWEEN**

M.O PHARMACY (Name) of P.O. BOX 125 Region \_\_\_\_\_  
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

**AND**

CHIKU B. MRUMA a registered pharmacist in charge who supervises a business of a pharmacist (hereinafter referred to as the **SUPERINTENDENT**) of another part.

**WHEREAS** the Proprietor wishes to establish and operate a business of a pharmacist which is a regulated business under the Act

**AND WHEREAS** in compliance with section 43 of the Act the Proprietor wishes to engage the professional services of a pharmacist to be in charge of his business;

**AND WHEREAS** the Superintendent is willing to offer professional services to the proprietor in lieu of remuneration for such services or such other terms and conditions as stipulated hereunder;

**AND WHEREAS** the proprietor and superintendent (together referred as "**the Parties**") are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;

**AND WHEREAS** the Parties agree to establish and operate a business of a pharmacist styled as MO PHARMACY Pharmacy.

**AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;**

**1. Interpretation:**

In this Agreement, unless the contrary intention appears, the following words shall denote the meaning assigned to them:

**"Act"** means the Pharmacy Act, [Cap 311 R: E 2002] Laws of Tanzania.

**"Agreement"** means this Agreement between the parties to establish and operate a business of Pharmacist.

**"Business of pharmacy or pharmacist"** includes professional pharmacy practice and any activity carried on by a person in relation to medicines, medical devices or herbal medicines;

**"Council"** means the Pharmacy Council established under section 3 of the Act.

8. The Council will accept additional clauses but this Agreement is a generic contract for guidance only.

IN WITNESS WHEREOF the parties hereto have duly signed and sealed this presents on the date and in the manner herein after appearing.

Signed and delivered by the parties at this 14th day of February 2025

SIGNED and DELIVERED at Mwanza by the said M. O. P. M. M. G. who is known to me personally/identified to me by ..... the latter being personally known to me this 14th day of February 2025

D. N. S. B. M. S. S. D.  
PROPRIETOR

In the presence of:

Name: ALLY ZALD

Designation: ADVOCATE

Signature: [Signature]

Address: P.O. Box 6182 Mwanza

Date: 14/2/2025



Signed and delivered by the parties at this 14th day of February 2025

SIGNED and DELIVERED at Mwanza by the said ..... who is known to me personally/identified to me by ALLY ZALD the latter being personally known to me this 14th day of February 2025

[Signature]  
SUPERINTENDENT

In the presence of:

Name: ALLY ZALD

Designation: ADVOCATE

Signature: [Signature]

Address: P.O. Box 6182 Mwanza

Date: 14/2/2025

