SIMOTH JAMES MUNGO (NGAGABALE PHARMACY)
IRINGA ROAD CHAZINDA - OPPOSITE KITOI,
0713-33-5-311/0759728074
24/03/2025

MSAJILI.
BARAZA LA FAMASI,
S.L.P. 1277
DODOMA 12.

PHARMACY COUNCIL
RECEIVED
24 MAR 2025
P.O. Box 1277, DODOMA

YAH: KUOMBA RADHI KWA KOSA LA KUTOKUWA MAKUMU ALIYEKUWA UKIZO KUTOA DAWA:

Ndugu, Msajili husika na Kichwa cha barua hapo juu.

Mimi simoth James Mungo, mmiliki wa Ngagabale pharmacy naomba radhi kwa kosa lililotokeza mnamo tarehe 13/03/2025 kwa kutokuhudumia mteja dawa aliyekuwa ukizo na kutambulika na baraza la famasi. Sehemu ya ofisi.

Hivyo basi naomba kukiri na kuahidi haitokuja kujirudia tena hilo tafizo kwa maslahi mapana ya afya za binadamu Katika Jamii.

Naomba Kuwasilisha

SIMOTH JAMES MUNGO,
CNGAGABALE PHARMACY)
0713335331

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925083319210103**
Received from	: NGAGABALE PHARMACY
Amount	: 500,000.00
Amount in Words	: Five Hundred Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	Item Description(s)	Item Amount
: *143101010149 - Compound of Offences - COMPOUND OF OFFENCES*	**500,000.00**	
	Total Billed Amount :	**500,000.00 (TZS)**

Bill Reference	: 16212072255416338016
Payment Control Number	: ***991620300292***
Payment Date	: **2025-03-24 14:08:16**
Issued by	: Zena Mango
Date Issued	: 2025-03-24 15:15:19
Signature	:

THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL

LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.26 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

GASCOINE MUHEMBANO AMANI

PIN NO: 0408302

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311 is entitled to practice as a **Pharmaceutical Technicians** upon the terms and subject to the conditions set forth in the aforesaid Act and its Regulations thereto.

Issued:**07 March 2024**

Expires on:**31 December 2025**

Registrar
Pharmacy
Council

Certified as True Copy of the Original
Fred Peter Kalonga
Advocate, Notary Public & Commissioner for Oaths
Signature
Date 24/3/2025

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 GASCOINE M. AMANI PIN 0408302
2. Namba ya simu 0686 134 714 barua pepe gmubembani3@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*.....
4. Je, umehuisha 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 GASCOINE M. AMANI mwenye taaluma ya dawa ngazi ya Fundi Dawa Sanifu nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo NGAGABALE PHARMACY FIN ..... lililopo katika Wilaya ya DODOMA. Mkoani DODOMA

Sahihi ..... Tarehe 24/03/2025.

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO
CITY COUNCIL OF DODOMA
P.O. Box 1249, DODOMA
CITY MEDICAL OFFICER

Jina na Sahihi George Hondi **Tarehe** 24/03/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ZAITUNI H. MWELENDO Kata ya KILIMANI

Nathibitisha kwamba Ndugu GASCOINE M. AMANI anaishi langu mtaa/~~kijiji~~ IMAGE, kuanzia mwaka 2006

Muhuri Mtendaji
AFISA MTENDAJI KATA YA KILIMANI
DODOMA

Sahihi Afisamtendaji .....

Tarehe 24/03/2025

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 20 day of MARCH 20 25

BETWEEN

NGAGABALE PHARMACY **(Name) of P.O.BOX** _____ **Region** DODOMA (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

GASCOINE MUHEMBANO AMANI enrolled Pharmaceutical Technician who will perform all the technical activities in the Pharmacy under pharmacist supervision (hereinafter referred to as the **Pharmaceutical Technician)**.

WHEREAS the Proprietor operates a business of a pharmacist which is a regulated business under the Act.

WHEREAS in compliance with the Pharmacy "Pharmacy Practice" Regulation, 2012 the Proprietor wishes to engage the professional services of a Pharmaceutical Technician to his business.

WHEREAS the Pharmaceutical Technician is willing to offer professional services to the proprietor in lieu of remunwration for such services or such other terms and conditions as stipulated hereunder;

WHEREAS the proprietor and Pharmaceutical Technician are desirous to enter into an agreement, to support operation of a business of a pharmacist.

WHEREAS in the event that the superintendent pharmacist is part time available, the Pharmaceutical Technician shall be available at full time at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree to operate a business of a pharmacist styled as NGAGABALE Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS;

I. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the Agreement between the parties to 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;

"Pharmacy" means any approved premises wherein or from which any services pertaining to the practice of a pharmacist is provided, and shall include a community Pharmacy, consultant Pharmacy, institutional Pharmacy or wholesale Pharmacy.

"Proprietor" means an owner of Pharmacy and includes his assignees, agents or his legal representative.

"Superintendent" means a pharmacist in charge of the business of a pharmacist

"Pharmacist" means a person registered as such under section 16 of the Act

"Pharmaceutical Technician" means a person enrolled as such under section 23 of the Act.

"Transfer of ownership" means any disposition of ownership of the facility subject of this agreement to a third party either by way of sale, lease, or any other form, which has the effect of changing or transferring power of authority of owning of pharmacy to a third person during existence of its operation

2. **Duration of Agreement**

This Agreement shall be effective for a period of twelve (12) months commencing from the 20 day of MARCH 20 25 to 20 day of MARCH 20 26

3. **Commencement of Supervision**

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 20 day of MARCH 20 25

4. **Obligation of the Parties:**

4.1 **The Proprietor:**

The proprietor shall have the following duties and responsibilities; -

4.1.1 The **PROPRIETOR** shall pay Monthly salary/emoluments of

TZS 250,000/=

payable monthly to the **PHARMACEUTICAL TECHNICIAN** upon discharging his duties and functions as per this Agreement. At any event, the salary **shall not be paid in advance.**

4.1.2 The salary/emoluments shall be net of any applicable taxes and/or deductible employment benefits and shall be paid monthly and no later than the 1st day of the following month.

4.1.3 Comply with the Laws, Regulations, Guidelines and standards

Signed and delivered by the parties at this 20 day of MARCH 20 25

SIGNED and **DELIVERED**

By the said MUNGO JAMES SIMOTH

Who is known to me personally/

Introduced to me by .....

.....the latter known to me personally

This 20 day of MARCH 20 25

PROPRIETOR

In the presence of:

Name: ASAFU YUSUPH MAWAZO

Designation: ADVOCATE

Signature:

Date: 20/02/2025

Asafu Yusuph Mawazo
Advocate, Notary Public & Commissioner for Oaths

SIGNED and **DELIVERED**

By the said GASCOINE MUHEMBANO AMANI

Who is known to me personally/

Introduced to me by.....

.....the latter known to me personally

This 20 day of MARCH 20 25

PHARMACEUTICAL TECHNICIAN

In the presence of:

Name: ASAFU YUSUPH MAWAZO

Designation: ADVOCATE

Signature:

Date: 20/03/2025

Asafu Yusuph Mawazo
Advocate, Notary Public & Commissioner for Oaths