

PHARMACY COUNCIL



NOTIFICATION FOR CHANGE OF MANAGEMENT OF A PHARMACY
 (Made under regulation 17(1) Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) C.O. No. 267)

A. TO BE COMPLETED BY THE

SUPERINTENDENT AND OWNER: DETAIL OF THE PHARMACY

Name of the pharmacy... NYAISHOZI COLLEGE PHARMACY

Physical address:

Street.. TEGETA NYAISHOZI... Ward... KUNDUCHI

District/Municipal.. KINONDONI

Region... DAR ES SALAAM

DETAILS OF SUPERINTENDENT

Name... SEIF YUSUPH RASHID

Registration Number... 0102959

Phone... 0712710565

Address... P.O BOX 68049 DAR ES SALAAM

REASON(S) FOR CHANGE

... END OF CONTRACT LIFE

TIME FRAME: (Notify Registrar the time frame as per Contract)

... 1 MONTH

Signature...

Date... 1st APRIL, 2024**OWNER REMARKS**

Name.....

Phone Number.....

Signature.....

Date.....

FOR OFFICE USE ONLY**INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER**

Recommendations.....

Name..... Designation..... Signature.....

Date.....

B. TO BE COMPLETED BY THE OWNER ONLY**NEW SUPERINTENDENT**

Name of Superintendent.....

Physical address:

Street.....

Ward.....

District/Municipal.....

Region.....

Contacts of previous Superintendent.....

Email of previous Superintendent.....

QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT (To be attached)

- (i) Copies of registration certificate and valid license to practice
- (ii) Contract Agreement
- (iii) Commitment Letter

REASONS FOR CHANGING THE MANAGEMENT

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C. FOR OFFICE USE**ONLY INSPECTION/REGISTRATION ORZ****ONAL**

Recommendations.....

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Name..... Designation..... Signature.....

Date.....

NOTE;

Failure to acquire the services of another superintendent within the mentioned timeframe, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

SEIF YUSUPH RASHID

P.O Box 25411

DAR ES SALAAM

simu namba. 0712-710 565

11/04/2024.

MSAJILI

BARAZA LA FARMASI

P.O Box 31818

DODOMA.



YAH! KUONDOLEWA KUSIMAMIA FARMASI
YA NYAISHOZI COLLEGE.

Mimi ni mfarasi niliyesajiliwa na baraza la farmasi kwa PIN 0102959,
Naomba kuondolewa kwenye mfumo wa kusimamia farmasi ya NYAISHOZI
COLLEGE iliyopo Tegeta Njaishozi, wilaya ya Kinondoni Dar-es Salaam.
Sababu zinazopelekea kuomba kutolewa kwenye mfumo kupitia baraza
hii ni ukomo wa mkataba wa kufanya kazi na mmiliki kuomba
au kutaka kutokuendelea na mimi. Pamoja na hayo mmiliki
amekataa kujaza na kupitia formu namba 17 (NOTIFICATION FOR CHANGE
OF MANAGEMENT OF A PHARMACY) tangu Tarehe 01/04/2024.

Natumai ombi langu litafanywa kazi katika ofisi yako kwa
ajili ya kusimamizi bora wa wanataaluma na maslahi ya kada.

Napenda kutanguliza shukurani zangu za dhali.

SEIF Y. RASHID