

**AGREEMENT FOR EMPLOYMENT TO OPERATE BUSINESS OF A
PHARMACEUTICAL TECHNICIAN.**

This Agreement is made on this 02 day of SEP 20 24

BETWEEN

FARE PHARMACY (Name) of P.O.BOX 16588 Region Dsm

(Hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees agent or his legal representative of his business.

AND

SYLAS LAURENT MICHAEL enlisted as a pharmaceutical technician who will perform the pharmaceutical activities in the pharmacy under the pharmacist supervision.
(Hereinafter referred to as the pharmaceutical assistant)

The contract is made on the 30th day of JUNE 20 24

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

WHEREAS in compliance with the Pharmacy "Pharmacy practice" Regulation, 2012 the proprietor wishes to engage the professional services of a pharmaceutical assistant to his business.

WHEREAS the Pharmaceutical technician is willing to offer pharmaceutical services to the proprietor in lieu of remuneration for such services or such other terms and conditions which includes:

WHEREAS the proprietor and the pharmaceutical technician are desirous to enter into an agreement, to support operations of a pharmacy business

WHEREAS the parties agree to operate a business of pharmacy style as PHARM IEL pharmacy

Duration of contract.

This contractual Agreement shall be effective for period of twelve months (12), commencing from the 1st day of JULY 2024 to 27 day of JUNE 2025

Commencement of Pharmaceutical activities

The pharmaceutical technician shall commence the pharmaceutical of the above named pharmacy on the 01st day of July 20 2024

DUTIES AND RESPONSIBILITIES OF THE PROPRIETOR.

The proprietor shall have the following duties and responsibilities:

The **PROPRIETOR** shall pay Monthly salary/emoluments of TZS 300,000 payable monthly to the pharmaceutical technician upon discharging his duties and functions as per this agreement.

Comply with the Laws, Regulation, Guidelines and standards prescribed by the pharmacy Council and relevant authorities.

Perform any other duty as Council may determine from time to time

THE PHARMACEUTICAL TECHNICIAN 'S DUTIES AND RESPONSIBILTIES.

Perform all commitment and professional diligence, take the necessary steps to establish and efficiently perform the duties according to their scope of practice to the said Pharmacy dealing in pharmaceutical products.

Shall Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level of all times

Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.

Shall provide pharmaceutical service with due care.

Perform all his/her duties as per the requirements of the rules and regulations of the Pharmacy council act 2012.

Shall report the pharmacy council on any malpractice or violations done by the proprietor.

Must ensure that whoever is on duty shall appear on white coat and name tag on it

Shall perform any other duty as the council may determine

TERMINATION

Unless otherwise terminated by either party, this Agreement shall be terminated upon expiry of the contract

This agreement may be terminated by mutual agreement between both parties and or any party upon issuing a written notice of three (3) months to other party of his intention to terminate the contract

The written notice shall be addressed to the other part and copy shall be submitted to the Registrar, Pharmacy Council for notification

DISPUTE SETTLEMENT

In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably

COST

The Proprietor shall meet the cost of drawing up this agreement.

The law of Tanzania here to shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties

INWITNESS WHEREOF the parties hereto have duly signed and sealed this present ne date and in the manner herein after appearing.

Signed and delivered by the parties at this 02 day of 09 20 24

SIGNED and DELIVERED

By the said _____

Who is known to me personally _____

Introduced to me by JOSEPH ASENCIA.

_____ the latter known to me personally

This _____ day of _____ 20 24

In the presence of

Name JOSEPH EVARIST TESHA.

Designation ADVOCATE.

Signature *[Signature]*

Date _____

[Signature]

PROPRIETOR



SIGNED and DELIVERED

By the said Sylas L. Michael

Who is known to me personally *[Signature]*

Introduced to me by JOSEPH ASENCIA.

_____ the latter known to me personally

This 02 day of 09 20 24

In the presence of

Name JOSEPH EVARIST TESHA.

Designation ADVOCATE.

Signature *[Signature]*

Date _____

[Signature]

SUPERINTENDENT

PHARMACEUTICAL TECHNICIAN



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 SYLAS L MICHAEL PIN 0408653
2. Namba ya simu 0762 697 869 barua pepe Sylas@gnai.com
3. Tarehe ya mwisho kuhuisha jina (Retention).....
4. Je, umehusha 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 SYLAS L MICHAEL mwenye taaluma ya dawa ngazi ya FUNDI DAWA SANIFU nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo FAASE PHARMACY FIN lililopo katika Wilaya ya UBUNGU Mkoani DAR-ES-SALAAM Sahihi [Signature] Tarehe 06/09/2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi [Signature] Tarehe 6/9/24

Muhuri KNY:
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

lthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ERICK CHIZO Kata ya MBEZI

Nadhibitisha kwamba Ndugu SYLAS L MICHAEL anafishi

langu mtaa/kijiji Msumi kuanzia mwaka 09/09/2024

Sahihi Afisa Mtendaji [Signature]

Tarehe 09/09/2024

Muhuri
Mtendaji





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

SYLLAS LAURENT MICHAEL

PIN NO: 0408653

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

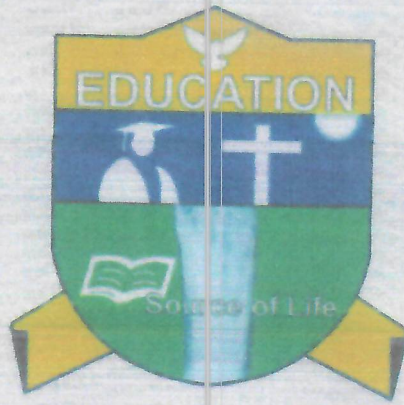
aforesaid Act and its Regulations thereto.

Issued: **09 September 2024**

Expires on: **31 December 2024**

Registrar
Pharmacy Council





RUAHA CATHOLIC UNIVERSITY

This is to certify that

Sylas Laurent Michael

of

RUAHA CATHOLIC UNIVERSITY

having satisfied the requirements of the University and on recommendation of the Senate has been awarded

Diploma in Pharmaceutical Sciences

FIRST CLASS

at a congregation held at Iringa on

November 25, 2023



Chancellor

Vice Chancellor

Deputy Vice Chancellor
for Academic affairs

RU/DPS/2020/016

