



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. BARAKA NYAMUNGO PIN 0160544
2. Namba ya simu 0767444897 barua pepe lwahano@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 2023
4. Je, umehuisa taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

(<http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-s:group.php>) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

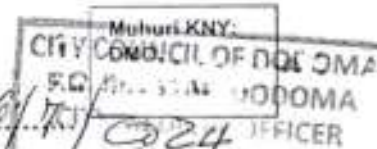
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi BARAKA NYAMUNGO mwenye
taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
ELKIM PHARMACY, B. BANCH FIN 0200260 lililopo katika
Wilaya ya DODOMA Mkoani DODOMA
Sahihi [Signature] Tarehe 25/07/2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi George Honji Tarehe 26/7/2024
[Signature]



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ELIZABETH KALANDA Kata ya VIWANDAJI

Nadhibitisha kwamba Ndugu BARAKA NYAMUNGO anaishi

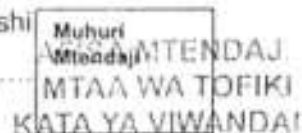
langu mtaa/kiji TOFIKI kuanzia mwaka 2019

Sahihi Afisamtendaji

Tarehe

[Signature]

26.07.2024





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

BARAKA NYALILINGO

PIN NO: 0100544

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 01 July 2011

Expires on: **31 December 2024**

Registrar
Pharmacy Council





THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



**DECLARATION FORM FOR PHARMACY OWNERS WHO ARE
PHARMACEUTICAL PERSONNEL**

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☒ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐

Owner's Responsibilities: Superintendent ☒ Other Pharmaceutical Personnel ☐

I KARIMA NYAMUNGO with Personal Identification Number
(PIN) 0100544 of Year _____, residing at DODOMA district, in DODOMA
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named ELOHIM PHARMACY BIA
, with Facility Identification Number (FIN) 0200260 of year 2023, located at DODOMA
District, DODOMA Region with a Business Tax Identification Number (TIN) 151-412-025
(TIN Certificate to be attached)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will
comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and
other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being
subjected to a professional misconduct.

✓ Phone: 0767444899 Email Address: luthwano@gmail.com
Signature: [Signature] Date: 25/07/2024

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who
owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy.
In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and
the Conduct of Business of Pharmacy) Regulations, 2020.

*** Mandatory



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF. 17



NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A
PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 257)

Changes to be Made: Superintendent ☒ Other Pharmaceutical Personnel ☐

A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER
OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy ELOHIM PHARMACY Facility Identification Number (FIN) 0200260

Physical address:

Street WILANDANI Ward WILANDANI District/Municipal DODOMA Region DODOMA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ANEKA WILANDANI PIN 0519 Phone 0767 444 899

Address Box 95, BUKOBA Email

A.3. REASON(S) FOR CHANGE

Mutual Agreement

Time frame of notification: (As per Contract) 30 days Signature [Signature] Date 25/07/2024

A.4. OWNER'S DETAILS

Full Name ELOHIM PHARMACY LIMITED Phone Number 0767 444 899

Remarks Agreed with change

Signature [Signature] Date 25/07/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name BARAKA NYALINDA PIN 0100544 Phone Number 0764 4879 Email whwano@gmail.com

Physical address:

Street WILANDANI Ward WILANDANI District/Municipal DODOMA Region DODOMA

Details of Previous pharmacy:

Name of Pharmacy ELOHIM PHARMACY BRANCH FIN 0200260 District/Municipal DODOMA Region DODOMA

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL
PERSONNEL (To be attached)

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

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations.....

Full Name..... Designation..... Signature..... Date.....

D. NOTE:

Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent