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 BARAKA MYAMUNGO PIN 0160544
2. Namba ya simu 0767444897 barua pepe lutwanoe@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)* 2023
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi? (http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-s-grup.php) ☑ NDIYO, Stakabadhi Na. ..... ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi BARAKA MYAMUNGO mwenye taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo ELOHIM PHARMACY BRANCH FIN 0200260 lililopo katika Wilaya ya DODOMA Mkoani DODOMA

Sahihi ..... Tarehe 25/07/2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: CITY COUNCIL OF DODOMA DODOMA OFFICER

Jina na Sahihi George Hondi **Tarehe** 26/07/2024

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ELIZABETH MALUNGA Kata ya VIWANDANI

Nathibitisha kwamba Ndugu BARAKA MYAMUNGO anaishi

Muhuri Mtendaji: AFISA MTENDAJI MTAA WA TOFIKI KATA YA VIWANDANI

langu mtaa/kijiji TOFIKI kuanzia mwaka 2019

Sahihi Afisamtendaji ..... **Tarehe** 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 NYAULINGO

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 RAZAICA MYAUNGO 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 BLR, with Facility Identification Number (FIN) 0200260 of year 2023, located at DODOMA District, DODOMA Region with a Business Tax Identification Number (TIN) 151-442-025 **(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: luhwano@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**

PCF. 17

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTIFICE 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. 267)

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: VIWANDANI TOFIKI Ward: VIWANDANI District/Municipal: DODOMA Region: DODOMA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: ANETH WILBROAD PIN: 0519 Phone: ...
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 NYAMUNDA PIN: 0100544 Phone Number: 0767444899 Email: whwino@gmail.com

Physical address:
Street: MWANAKI AVENUE Ward: VIWANDANI 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