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: LINA CARE PHARMACY ..... Facility Identification Number (FIN): .....

Physical address

Street: MUUNGANO ..... Ward: TUNGI ..... District/Municipal: KIGAMBONI ..... Region: DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: AMINIEL ELIAS URONU ..... PIN: 0403782 ..... Phone: 0769906278

Address: ..... Email: .....

A.3. REASON(s) FOR CHANGE

THE OWNER, WHO IS A PHARM. TECHNICIAN WANTS TO WORK THERE FULLTIME

Time frame of notification (As per Contract): ..... Signature: ..... Date: 1/August/2025

A.4. OWNER'S DETAILS

Full Name: LINA DEODATUS ..... Phone Number: 0758 633687

Remarks: .....

Signature: ..... Date: 1/August/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: LINA DEODATUS ..... PIN: 0407207 ..... Phone Number: 0758633687 ..... Email: deodatuslina99@icloud.com

Physical address

Street: MUUNGANO ..... Ward: TUNGI ..... District/Municipal: KIGAMBONI ..... Region: DAR-ES-SALAAM.

Details of Previous Pharmacy

Name of Pharmacy: MULAGO PHARMACY ..... FIN: ..... District/Municipal: KARIAKOO ..... Region: DAR-ES-SALAAM

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

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...LINA DEODATUS..... PIN 0407207
2. Namba ya simu...0758633687..... barua pepe ...deodatusilina99@icloud.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....LINA DEODATUS..... mwenye taaluma ya dawa ngazi ya ...FUNDI DAWA SANIFU... nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo .....LINA CARE PHARMACY..... FIN ..... lililopo katika Wilaya ya ....KIGAMBONI..... Mkoani ...DAR-ES-SALAAM.....

Sahihi .....Deodatus..... Tarehe .....

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi ...VICTORIA SHAGEMBE... **Tarehe** 29/07/2025

Muhuri KNY: DMO
KNY - MGANGA MKUU
HALMASHAURI YA KIGAMBONI

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)...RAMADHANI KAYUNGI TUNGI... Kata ya.....

Nathibitisha kwamba Ndugu.....LINA DEODATUS.....anaishi langu mtaa/~~kijiji~~.....TUNGI.....,kuanzia mwaka.....2025.....

Muhuri Mtendaji

Sahihi Afisamtendaji

.....

Tarehe 29/7/2025

MWENYEKITI WA MTAA
MTAA WA TUNGI
S.L.P 36009, KIGAMBONI

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

LINA DEODATUS

PIN NO: 0407207

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:**11 September 2023**

Expires on:**31 December 2025**

Registrar
Pharmacy Council

F.58

THE UNITED REPUBLIC OF TANZANIA

00006375

THE PHARMACY COUNCIL
CERTIFICATE OF ENROLLMENT

(Section 25 of the Pharmacy Act, CAP.311)

Registrar
Pharmacy Council
P. O. Box 1277
Dodoma

Full Name ..... Liva Deodatus .....

.....

I hereby certify that the following is a true extract from the entry in the roll relating to enrolled pharmaceutical Technician details in respect of whom are set out below.

Enrollment		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
040 7207	11th September, 2023	12th February, 1999	Tanzanian	P.O. Box 1719 Dar Es Salaam	Diploma in Pharmaceutical Sciences	City College of Health and Allied Sciences Temeke 2021

Date 10th october 2023

.....

REGISTRAR

NOTES: 1) This certificate affords immediate evidence of registration. In due course the name of the Pharmaceutical Technicians will be published in the list of Pharmaceutical Technicians published annualy by the Council; and reference should thereafter be made to the current Published list for evidence as to continue enrollment.

2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

Government Printer, Dsm