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 Henerico Mbushi PIN 01022204
2. Namba ya simu 0769571160 barua pepe mbushi85@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)* 01/12/2024
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 Henerico Mbushi mwenye taaluma ya dawa ngazi ya Shahada nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo KAGITO PHARMACY FIN 0496 lililopo katika Wilaya ya Handeni Mkoani Tanga

Sahihi ..... Tarehe 01/07/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO

Jina na Sahihi Perpetua Siriwa Tarehe 25/07/2025

MEDICAL OFFICER INCH
DISTRICT HOSPITA
HANDENI

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) HAMZA A. MADEBE Kata ya MBOG

Nathibitisha kwamba Ndugu Henerico Mbushi anaishi

langu mtaa/kijiji KWASEGETA kuanzia mwaka 2014

Muhuri Mtendaji AFISA MTENDAJI MTAA KWASEGETA SLP 5, HANDENI MJI

Sahihi Afisamtendaji **Tarehe** 01/07/2025

PCF.20

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 Heneriko Mbushi with Personal Identification Number (PIN) 0102204 of Year 2021, residing at Handeni district, in Tanga Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named Kagito pharmacy, with Facility Identification Number (FIN) 0496 of year 2022, located at Handeni District, Tanga Region with a Business Tax Identification Number (TIN) 127-195-137 **(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: 0769571160 Email Address: mbushie55@gmail.com

Signature: [signature] Date: 29/08/2025

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**