PHARMACY COUNCIL



APPLICATION FOR AN APPEAL OF PRE - REGISTRATION AND PROFESSIONAL EXAMINATION RESULTS

PART I: APPLICANT'S P	ERSONAL INFORMATIONS	
1. Full Name:First	Middle	Last
2. Address:		
3. Mobile No:	Email address	
4. Examination Number	Examination Date)
PART II: PHARMACY CA	DRE	
Pharmacist	Pharmaceutical Technician	
Pharmaceutical Assistant	Pharmaceutical Dispenser	
PART III: REASONS FOR	APPEAL	
		•••••
PART IV: EXAMINATION(
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(You are required to pay an appeal fee of TZS. 75,000/= for each appealed examination)
Payment Receipt NoDate of Payment
(attach original payment receipt)
PART VI: FOR OFFICIAL USE ONLY
TAKT VI. FOR OFFICIAL GOL ONLY
Name of the Receiving Officer
Date received: Signature

PART V: PAYMENT OF APPEAL FEE