

PHARMACY COUNCIL



**APPLICATION FOR MEDICAL REPRESENTATIVES PERMIT
(Section 42 of the Pharmacy (Pharmacy Practice) Regulations, 2012)**

Registrar,
Pharmacy Council,
P. O. Box 31818,
DAR ES SALAAM.

PART A: INFORMATION OF THE COMPANY

1. Name of the Company:
.....
2. Full name(s) of Partner(s) and Director(s)
.....
.....
3. Postal Address Tel./Mobile No.....
Fax Email.....

PART B: MEDICAL REPRESENTATIVE INFORMATION

1. Name:
2. Qualification:
3. Identification Card No.:
4. State the training attained in relation to medical representative activities..... of.....(year)
(please attach a copy of certificate if any)
5. For the renewal purpose please fill: Existing Permit No.....
Dated.....

PART C: SUPERVISOR'S INFORMATION

1. Full Name:.....Qualification:.....ID No.:
2. Address:.....Contact.No.:.....Email:.....

3. Signature of Supervisor:..... Date.....

PART D: OWNER'S DECLARATION

I hereby declare that, the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately.

N.B. False declaration constitutes an offence

.....
SIGNATURE AND STAMPDATE

CHECKLIST FOR APPLICATION FOR MEDICAL REPRESENTATIVES

S/N	Documents submitted	Original	Copy
1.	Certified Copy of Birth certificate		
2.	Certified copy certificate of qualification (Minimum qualification; Diploma in Medical, Pharmaceutical, Veterinary or Biological sciences or Chemistry)		
3.	Certified copy transcript of academic records		
4.	Certified copy of certificates of secondary schools (ACSEE & CSEE)		
5.	A certified copy of permission to reside and take up employment in Tanzania, (Non citizen)		
6.	Three recent passport size photographs endorsed at the back by public notary		
7.	Copy of contract between two parts or a letter of appointment		
8.	Current curriculum vitae		
9.	A copy of Identification Card		
10.	The application should be accompanied by bank payslip with a fee as prescribed		

FOR OFFICIAL USE:

Remarks: _____

Received by: _____

Designation: _____

Employee ID: _____

Signature : _____

Date : _____