

PHARMACY COUNCIL

PCF. 4



APPLICATION FOR RETENTION OF A NAME IN THE REGISTER/ROLL/LIST (Section 22/Section 26/Section 30 of the Pharmacy Act, 2011)

The Registrar
Pharmacy Council
P.O Box 31818
Dar es Salaam

A. PERSONNEL PARTICULARS

I hereby apply for retention of a name in the **register/roll/list** as a **pharmacist/pharmaceutical technician/pharmaceutical assistant** in accordance with the Pharmacy Act, 2011.

1. Full name: _____ Registration/Enrollment/Enlisting No. _____
2. Personnel Category: Pharmacist Pharmaceutical Technician Pharmaceutical Assistant
3. Personnel Identification Number (PIN) _____ Sex: Male Female
4. Date of birth _____ Nationality: _____
5. P.O.Box _____ Mobile No. _____
6. Physical address: District _____ Email address _____
7. Are you a Member of Pharmaceutical Society of Tanzania (PST)? YES NO

B. ADDED EDUCATION RELATED TO THE FIELD

Any Additional training attended this year? YES NO

If yes, Please attach the documents and mention the qualification _____

C. WORK STATION

1. Employment status: GOT PRIVATE SELF EMPLOYED
2. Sector: Hospital Industrial Academic
Marketing Community pharmacy Regulatory body
3. Employer _____ District _____ Region _____
Postal address _____
4. Office Telephone _____ Fax No _____

C. DECLARATION

I hereby declare to the best of my knowledge and information that there are no circumstances, which I am aware, of which would disqualify me from retaining my name in the register.

Applicant Signature _____ Date _____

NOTE: Place at place you think is a right choice.

PAYMENTS ARE DONE VIA "CONTROL NUMBERS" DIAL PHARMACY COUNCIL TOLL FREE NUMBER 0800110015 OR CONSULT YOUR RESPECTIVE DISTRICT PHARMACIST FOR FURTHER INSTRUCTIONS.