

PHARMACY COUNCIL



APPLICATION FORM FOR PRE- REGISTRATION AND PROFESSIONAL EXAMINATION

PART I: APPLICANT PERSONAL PARTICULARS

1. Full Name: -----
First Middle Last

2. Address:

(i) Permanent: -----

(ii) Temporary: -----

(iii) Mobile No:----- Email address -----

3. Date of Birth: ----- Nationality-----

4. Qualification: -----

5. Awarding University/College -----(Year) -----

PART II: CATEGORY OF PERSONNEL

Pharmacist

Pharmaceutical Technician

Pharmaceutical Assistance

Pharmaceutical Dispenser

PART III: ATTACHED DOCUMENTS

| S/N | Documents Submitted | Original | Copy |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|
| 1. | Attach copy of letter confirming completion of at least nine months of internship, <i>where applicable</i> | | |
| 2. | Certified copy of Secondary Education; | | |
| 3. | Certified copy of Advanced Secondary Education (where applicable) | | |
| 4. | Certified copy of Certificate in pharmaceutical Sciences | | |
| 5. | A full transcript of academic record certified by the academic officer of the institution or academic body concerned | | |
| 6. | Evidence of passing Ministry Examination, where applicable | | |
| 7. | A certified copy of birth certificate or passport | | |
| 8. | Proof of payment of examination fees of 100,000/= <i>to be paid at Pharmacy Council Bank Account. No. CRDB 01J1028116700 NBC. 053103000318</i> | | |

PART IV: EXAMINATION CENTRES

- (a) Dar es Salaam
- (b) Moshi
- (c) Mwanza
- (d) Mbeya
- (e) Dodoma

PART V: EXAMINATION APPEARANCE

- (a) First time
- (b) Second time
- (c) Third time

Additional information in relation to (a) (b) or (c)

PART VI: PAYMENT OF EXAMINATION FEE

Name of the Bank:

Receipt No.

Date of Payment.

Applicant's Name

Signature:

Date:

FOR OFFICIAL USE ONLY

Accepted/ Not Accepted: Reasons.....

Name of the Officer Received.....

Date received:

Signature: