

MINISTRY OF HEALTH COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN



PHARMACY COUNCIL

DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACIST

(Made under section No. 44 (1)(a) of the Pharmacy Act 2011)

I _____ Pharmacist with personal identification number (PIN) _____ of year _____, living at _____ district, in _____ region, hereby declare that:

- i. I am a sole proprietor of pharmaceutical business named _____, facility identification number (FIN) of year _____, located at _____ and has Taxi identification number (TIN) _____.
- ii. I shall ensure physical supervision of the said premises while operating and provide pharmaceutical service with due care.
- iii. I shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- iv. I shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- v. I shall manage and undertake all technical and professional matters in the pharmacy.
- vi. I shall facilitate capacity building to all pharmaceutical personnel working under my supervision.
- vii. I shall follow up and implement all matters advised by Council on professional and issues related to provision of good pharmaceutical services and,
- viii. Comply with the Laws, Regulations, Guidelines and standards prescribed by the Council and other relevant authorities.

In case I fail to adhere to my declaration, I shall be responsible and liable for being subjected to a professional misconduct.

Name of the pharmacist: _____

Signature: _____

Date: _____

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists who owns a pharmacy at same time they are superintendent