# PHARMACY COUNCIL

APPLICATION FORM FOR PRE-REGISTRATION AND PROFESSIONAL EXAMINATION

## PART I: APPLICANT PERSONAL PARTICULARS

1. **Full Name:**

   - **First Name:**
   - **Middle Name:**
   - **Last Name:**

2. **Address:**
   - **Permanent:**
   - **Temporary:**
   - **Mobile No.:**

3. **Date of Birth:**

4. **Qualification:**

5. **Awarding University/College:**

## PART II: CATEGORY OF PERSONNEL

- [ ] Pharmacist
- [ ] Pharmaceutical Technician
- [ ] Pharmaceutical Assistance
- [ ] Pharmaceutical Dispenser
PART III: ATTACHED DOCUMENTS

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