



**APPLICATION FORM FOR REGISTRATION OF  
PHARMACISTS/PHARM TECHNICIANS  
(Made under section No.46 of the Act No.2/2006)**

**ZFDA/DMC/FOM/018  
Rev 01**

**APPLICANT PARTICULARS**

I (Name of applicant).....  
Hereby apply for registration as for provisional/Full/Temporary as  
Pharmacist/Pharmaceutical Technician/Assist.

My qualifications are:  
.....  
.....

Place and Date of qualifications.....  
Date of Birth.....  
Nationality.....  
Address.....  
Tel No..... E-mail:.....

I am enclosing the following certificates/ Diploma/Degree.

- Documents:
1. ....
  2. ....
  3. ....
  4. ....

I hereby declare that documents enclosed and information provided, to the best of my knowledge are genuine and correct.

Name of the applicant .....  
**Signature of applicant** .....  
**Date** .....

**N.B. False declaration constitutes an offence**

**FOR OFFICIAL USE ONLY**

Fees ..... Receipt No. ....of .....  
License granted/not granted because .....  
..... License No. ....

.....  
**Date** ..... **Responsible Registration Officer Signature**

Approved by Management meeting No. ....of .....

.....  
**Date** ..... **Signature for Executive Director and stamp**