

FORM NO.....



AFFIX
PHOTO

MINISTRY OF HEALTH
PHARMACY AND POISONS BOARD

APPLICATION FOR APPROVAL OF WORK PERMIT

TO: THE REGISTRAR
PHARMACY AND POISONS BOARD
P.O BOX 27663-00506
NAIROBI

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS FORM

- The application form **must** be completed by a duly authorized person
- Every application must be accompanied by the processing fee of **Ksh. 2,000 (non-refundable)**

Part I. General Information

Type of application ☐ New ☐ Renewal

Name of Applicant:

Telephone Contacts:

Date of Application:

Email address:

Residential Address in Kenya:

Nationality:

Place & Date of birth:

Passport No.:

Passport Expiration Date:

Particulars of previous permit(s) held:

Particulars of previous applications for permit which were declined

(a) Date of application

(b) Class

(c) Reasons for rejection

Proposed Pharmaceutical Sector:

☐ Industry ☐ Academia ☐ Community ☐ Others _____

Name of Employer:																							
Physical Location:	Job Title:																						
Date of Employment:	Duration of Employment:																						
Job Description:	Gross Salary:																						
Applicants Academic & Professional Qualifications (give full details and attach certificates and testimonials): 1. 2. 3. 4. 5.																							
Previous Experience (attach evidence): <table><thead><tr><th>Name of employer</th><th>Nature of employment</th><th>Period so employed</th></tr></thead><tbody><tr><td>a.</td><td>.....</td><td>.....</td></tr><tr><td>b.</td><td>.....</td><td>.....</td></tr><tr><td>c.</td><td>.....</td><td>.....</td></tr><tr><td>d.</td><td>.....</td><td>.....</td></tr><tr><td>e.</td><td>.....</td><td>.....</td></tr><tr><td>f.</td><td>.....</td><td>.....</td></tr></tbody></table>			Name of employer	Nature of employment	Period so employed	a.	b.	c.	d.	e.	f.
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b.																					
c.																					
d.																					
e.																					
f.																					
Kenyan citizen(s)to be trained for this post, please indicate the following (Attach employment contract): i. Name and contact (Address and mobile phone) ii. ID Card number..... iii. Qualifications of understudy																							

Part II. Declaration

I declare that, Iundertake, if I am issued with a permit, to conduct effective training programs to impart my skills onto the Citizens of Kenya.

Signature

Date

OFFICIAL USE ONLY

Part III. Action Taken

Registrar: Processed by: _____ Date: _____	Confirmation of payment (attach official receipt)
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Reviewed by:

TECHNICAL COMMITTEE

ACTION TAKEN BY THE TECHNICAL COMMITTEE

☐ Approved for _____ Years Approval No. _____

☐ Not approved _____

Reason(s)

☐ Deferred pending compliance _____

Chairperson

Member

Date _____

Member