

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	<input type="checkbox"/> New <input type="checkbox"/> 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:	
<input type="checkbox"/> Industry	<input type="checkbox"/> Academia <input type="checkbox"/> Community <input type="checkbox"/> 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):

Name of employer	Nature of employment	Period so employed
a.
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

Justification for grant of no objection:

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)

Reviewed by:

PRACTICE COMMITTEE

ACTION TAKEN BY THE PRACTICE COMMITTEE

Approved for _____ Years Approval No. _____

Not approved _____

Reason(s)

Deferred pending compliance _____

Chairperson

Member

Date _____

Member