

Director General,
Tanzania Medicines and Medical Devices Authority,
P. O. Box 1253
DODOMA

Name of Hospital:	
Registration Number:	
Postal address:	
Physical address:	
Name of the Medical Officer in charge/superintendent:	
Dr	Registration.....
The drugs will be under control of Pharmacist in charge:	
Name Profession	
Indicate registration number	
Attach Pharmacist In-charge photograph:	
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div>	
I/We do hereby apply to procure and use the following narcotic drugs:	
Name of narcotic drug:	Annual estimate:
1.....
2.....
3.....
4.....
Name of the Medical Officer In charge.....	
Signature	Date