



Mootummaa Naannoo Oromiyaatti Biiroo Fayyaa
በኦሮሚያ ክልላዊ መንግስት ጤና ቢሮ

Hayyama gahumsaa
የብቃት ማረጋገጫ ምስክር ወረቀት

ቁጥር/Lakkoofsa 18172
ቀን/Guyyaa 11-08-11

Odeeffannoo Dhaabbatichaa

/የተቋም መረጃ

Maqaa Dhaabbatichaa/ ስም	Yerosan Pharmacy	Gosa Dhaabbatichaa /የተቋም ዓይነት	pharmacy
Naannoo/ክልል	Oromia Region	Godina /ክፍለ አካል / ሀገር	Buno Bedele Zone
Magaalaa / ከተማ	Bedele	Aanaa/ወረዳ	Bedele
Ganda/ቀበሌ	A/Boku	Lakkoofsa Manaa/የቤት ቁጥር	New
Lakkoofsa Bilbilaa/የስልክ ቁጥር	+251-984840505		

Oddeeffannoo abbaa Qabeenyummaa/የባለቤትነት መረጃ

Abbaa Qabeenyummaa/ ባለቤትነት	Private	Maqaa abba Qabeenyummaa /የባለቤት መ.ለ. ስም	Amanuel Asefa
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Odeeffannoo Ogeessa Teeknikaa/የቴክኒካዊ መሪ መረጃ

Lakkoofsa Galmee Ogummaa/ የምዝገባ ቁጥር	JP = 27,654/11 RPL = 616	Maqaa / የቴክኒክ መሪ ስም	Adisu Mekonnen Mesura
Gosa Ogummaa/ ተፈላጊ ፕላን	Junior Pharmacist		



3a iddoo fi kan biraas taawwachiisuuf kan hojjetu Labsii 661/2002 hundeeffama Abbaa Taayitaa Bulchiinsaa Nyaataa, Qorichaa fi Kufummsa Fayyaa bu'urreeffachuun Dhaabbata kanaaf kennamee
661/2002 መሠረት ለጤና ተቋማት ይሰጣል፡፡

Mallattoo Abba taayitaa/የኃላፊ ፊርማ B/B

Miazia-11-2015 E.C. 04/19/2023 G.C.

Lakk Kaarniitii/የደረሰኝ ቁጥር 0371208
Mallattoo/ፊርማ B/B

haarayomera/ታዲላ E.C. G.C.
Lakk Kaarniitii/የደረሰኝ ቁጥር
Mallattoo/ፊርማ

1. Hayyamichi barri bajataa galee hanga dhuma Qaammaatti yoo haaromfamuu baate akka haqametti lakkaa'ama
2. Hayyamichi dhaabbaticha keessa (Wudu) bakka mul'atu taa'uu qaba.
3. qaama too'atu osoo hin beeksisin dhaabbaticha iddoo tokkoo iddoo biraatti jijjiiruun dhorkaadha

1. ፍቃዱ የበጀት ዓመቱ በገባ በኋላ እስከ ቋጥሞ መረጃ ካልታደሰ እንደተሰረዘ ይቆጠራል፡፡
2. ፍቃዱ በድርጅቱ ውስጥ ፊትለፊት በሚታይ ቦታ መቀመጥ አለበት፡፡
3. ለተቆጣጣሪ እካሉ ሳያሳውቁ ድርጅቱን ወደ ሌላ ቦታ ማዘዋወር አይቻልም፡፡

I dont leave under One month

25158-2-201722

495

25158-2-201715

D/B

Lakk
Ref.no
Guyyaa
Date

ቁጥር BFO/A-12,840/3696
ቀን 29/06/2015

Obbo Addisuu Mokannon Masurraa tiif

B/J

Dhimmi: Ragaa Hojii Gadi-Lakkisuu Isiniif Kennuu Ta'a.

Xalayaa lakk.1396/HOSWB/015 gaafa guyyaa 27/06/015 Hospitaala Waliigalaa Beddellee irraa baasii ta'een hojii mootummaa gadi-lakkisuu keessan ibsuudhaan waraqaan qulqullinaa isiniif kennamee jira.

Haaluma kanaan Fulbaana 03, bara 2011 irraa eegalee hanga Gurraandhala 30, bara 2015tti mindaa ji'aa qarshii 8017.00(Kuma saddeetii fi kudha torba) isiniif kaffalamaa ogummaa "Pharmacist"tiin hojjachaa kan turtan ta'uu, qabeenyaa fi maallaqni mootummaa isin irraa barbaadamu kan hin jirre ta'uu ibsaa, ragaan **hojii gadi-lakkisuu (Release)** kun kan isiniif kenname ta'uu isin beeksifna.



Nagaa Wajjiin

Masarat Mangashaa Qajeelaa

BB/D/G/Bulchiinsa Qabeenya Namaa

GG

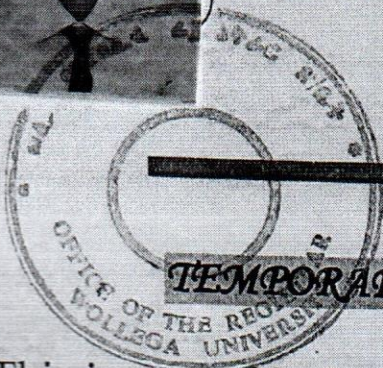
Garee Bulchiinsa Qabeenya Namaa tiif

BFO

ወለጋ ዩኒቨርሲቲ
ሬጀስትሬሽን ኦፊስ



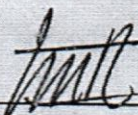
WOLLEGA UNIVERSITY
REGISTRAR OFFICE

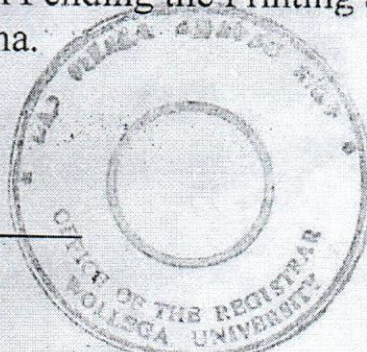


TEMPORARY CERTIFICATE OF GRADUATION

This is to certify that ADISU MEKONNEN MESURA graduated from
Wollega University
With The Degree of Bachelor of Pharmacy
on September 20, 2018

This Temporary Certificate of Graduation is given Pending the Printing and
Issuance of Actual Diploma.


Registrar



September, 2018

ፖ.ሣ.ቁ. 395 ነቀምቲ

ስልክ ቁ. 057 861 9123

ፋክስ ቁ. 057 661 7980

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በኦሮሚያ ብሔራዊ ክልላዊ መንግስት
OROMIA NATIONAL REGIONAL GOVERNMENT
ጤና ጥበቃ ቢሮ
HEALTH BUREAU

BEFO/AHITQFFWO/1-9/8741
 ቀን 28/02/2011
 የምዝገባ ቁጥር (Reg.No)JP=27,654/11
 RPL=616

የሙያ ምዝገባና የሥራ ፈቃድ ምስክር ወረቀት
 የኢትዮጵያ ፌዴራላዊ ዴሞክራሲያዊ ሪፐብሊክ መንግስት የእስፌዴሪ
 አካላት ስልጣንና ፍትሕ ልመወሰን በወጣው አዋጅ ቁጥር 471/1998
 አንቀጽ 22/10 ስልጣንና ፍትሕ ጥበቃ ሚኒስቴር በተሰጠው ስልጣንና ተግባር
 እንዲያውም በዚህ አንቀጽ 12 ለክልል ጤና ቢሮ በተሰጠው
 ውክልና መሰረት

አዲስ መኮንን መስራ

ተግባራዊ የብቃት ደረጃ አግልጥተው ስለተገኙ በጽኒያር ፋርማሲስት
 ተመዝግበው ይህን የሙያ ምዝገባና የሥራ ፈቃድ ምስክር ወረቀት
 ተሰጥቷል፡፡

[Signature]

የኃላፊው ፊርማ

ማስጠንቀቂያ

- የሙያ ምዝገባና የሥራ ፈቃድ ምስክር ወረቀት በየአምስት ዓመቱ መታደስ አለበት፡፡
- ስምና ፎቶግራፍ ከተገለፀው ሰው በስተቀር ሌላ አካል ሊገለግልበት አይገባም፡፡
- በማንኛውም ምክንያት ቢጠፋ ወዲያውኑ የማሳወቅ ግዴታ አለብዎት፡፡

PROFESSIONAL REGISTRATION AND LICENSING CERTIFICATE
 The Ministry of Health by Virtue of the power vested in it by the definitions of powers and Duties of the Executive Organs of Federal Democratic Republic of Ethiopia proclamation Number 471TE/2005 Article 22(10) and as the authority delegated to regional health Bureau by this article sub article (12)

ADISU MEKONNEN MESURA

I have satisfied the requirements hereby registered and license as **JUNIOR**

PHARMACIST

Sheleme Dilgasa (B)
 Licensing & Registration
 Team Coordinator

[Signature]

Signature of the authorized Personnel

Date (Gregorian) **07/11/2018**

N.B

- This certificate shall be renewed every five years.
- Is unlawful if it is found being used by another person.
- The holder is required to notify as soon as the certificate is lost.