

Guyyaa 06/05/2016
Date
Lakk
Ref.no *TC BFO TT-6298

Obbo Taklee Manyaaqaa Hundee tiif

B/J

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

Hospitaala Incinnii irraa Xalayaa Lakk.867/2016 gaafa guyyaa 02/05/2016 baasii ta'een hojii mootummaa gadilakkisuu keessan ibsuudhaan ragaan qulqullinaa isiniif kennamee jira.

Haaluma kanaan Onkoloolessa 16/2010 irraa eegalee hanga Muddee 30/2016 tti hojii irra kan turtan ta'uu, qabeenyaa fi maallaqni mootummaa isin irraa barbaadamu kan hin jirre fi tajaajillaan kan gadilakkisani fi yommuu hojii gadilakkistaritti ogummaan ittiin hojjachaa turtan "Pharmacist" ta'uu fi mindaan ji'aa qarshiin 8017.00 (kuma saddeetii fi kudha torba) isiniif kafalamaa kan ture ta'uu dhaan ragaan hojii gadi lakkisuu (Release) kun kan isiniif kenname ta'uu isin beeksifna.



Nagaa Wajjiin

Bookii Toleeraa

B/B Du/G/Bu/Qa/Namaa

6955

befokam2008@gmail.com
info@orhb.gov.et

www.orhb.gov.et

f Oromia health bureau

t.me/ORHBCommunication

Saarbet (Calalii) Finfinnee



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

BEFO/AHITQFFWO/ፓ.ፕ.ፖ.ፖ.ፖ.
 ቀን 30/05/2015
 የምዝገባ ቁጥር (Reg.No) SP= 107,545/2015

RPL=829

የሙያ ምዝገባና የሥራ ፈቃድ ምስክር ወረቀት

የኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ ሪፐብሊክ መንግስት የአስፈጻሚ አካላት ስልጣንና ተግባር ለመወሰን በወጣው አዋጅ ቁጥር 471/1998 አንቀጽ 22/10 ለክልል ጤና ቢሮ በተሰጠው ስልጣንና ተግባር እንዲሁም በዚህ አንቀጽ ንዑስ አንቀጽ 12 መሠረት፡-

ተክሌ መኖቃ ሁንዴ

ተገቢውን የብቃት ደረጃ አሟልተው በሲኒየር ፋርማሲስት ተመዝግበው ይህን የሙያ ምዝገባና የሥራ ፈቃድ ምስክር ወረቀት ተሰጥቷል፡፡

የኃላፊው ፊርማ

ቀን 30/05/2015

ማስጠንቀቂያ

የሙያ ምዝገባና የሥራ ፈቃድ ምስክር ወረቀት በየአምስት ዓመቱ መታደስ አለበት፡፡
 ለምሳሌ ፍተሻው 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 471/2005 Article 22(10) and as authority delegated to regional Health Bureau by this article sub-article (12)

TEKLE MEGNAKA HUNDE

Having Duly Satisfied the requirements hereby registered and license as
SENIOR PHARMACIST

Signature of the authorized Personne:
 N.B

Date (Gregorian) 07/02/2023

- ◆ 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

