

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE

FORM HLP-5

TANZANIA HEALTH LABORATORY PRACTITIONERS COUNCIL

APPLICATION FORM FOR RETAINING A NAME IN THE
REGISTER OF HEALTH LABORATORY PRACTITIONER

YEAR(S).....

(FILL IN BLOCK LETTERS)

Surname.....

Other Names.....

Date of Birth.....Sex.....Nationality

Qualification.....

Designation.....

Present Address.....

Cell Phone..... Email.....

Employer in Tanzania.....

Address.....

Registration Number.....

Date of Registration.....

Date.....Signature of Applicant.....

(i) The money shall be paid through **NMB Account No. CA 2011100081.**

(ii) This form when completed should be attached with original copies of Bank Paying Slip and sent to the Council supervisors.

(iii) The Council Supervisor shall verify and submit the application form to:

The Registrar

Health Laboratory Practitioners Council of Tanzania

P.O. Box 9083

DAR ES SALAAM.