



GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH
MINISTRY OF AGRICULTURE
DEPARTMENT OF AGRICULTURAL EXTENSION
Plant Protection Wing (Plant Quarantine)
PHYTOSANITARY CERTIFICATE

0185431

THIS CERTIFICATE SHALL BE INVALID
IN CASE OF ANY ALTERATION

No.....

Place...HAZRAT.SHAHJALAL-DHAKA

To: Plant protection organisation of U.K Date of Inspection: 07-08-2015

Description of consignment/চালানের বিবরণ :

Name and address of exporter: রপ্তানীকারকের নাম ও ঠিকানা	M/S. SONARGAON INTERNATIONAL, 28/1/C, TOYENBEE CIRCULAR ROAD, DHAKA-1100, BANGLADESH.
Declared name and address of consignee: ঘোষিত প্রাপকের নাম ও ঠিকানা	DRYMIX LIMITED, 479 CANTRELL ROAD, LONDON E-3, 4BN, U. K
Number and description of packages: গাটের সংখ্যা ও বিবরণ	150 CARTONS
Distinguishing mark: সনাক্তকরণ চিহ্ন	M T
Place of origin: উৎপাদন স্থান	BANGLADESH
Declared means of conveyance: ঘোষিত পরিবহনের ধরণ	BY AIR
Declared point of entry: ঘোষিত প্রবেশ স্থান	LONDON, U.K
Name of produce and quantity declared: ঘোষিত পণ্যের নাম ও পরিমাণ	1500(ONE THOUSAND FIVE HUNDRED)KGS, FRESH JACKFRUITS
Botanical name of plant: উদ্ভিদের বৈজ্ঞানিক নাম	Artocarpus heterophyllus

This is to certify that the plants, plant products or other regulated articles described above have been inspected according to appropriate procedure and are considered to be free from quarantine pests and practically free from other injurious pests and that they are considered to conform with the current Phytosanitary regulation of the importing country./এতদ্বারা প্রত্যয়ন করা যাইতেছে যে, উল্লিখিত উদ্ভিদ, উদ্ভিদজাত পণ্য বা অন্যান্য বিধিবদ্ধ দ্রব্যাদি সঠিকপন্থায় পরীক্ষিত ও সংগনিরোধ পোকা ও রোগবাহাই এবং ব্যবহারিকভাবে অন্যান্য ক্ষতিকর পোকা ও রোগবাহাই মুক্ত বলিয়া বিবেচিত হইয়াছে এবং উহা আমদানীকারী দেশের বর্তমান উদ্ভিদ স্বাস্থ্য সংক্রান্ত বিধি বিধান মোতাবেক হইয়াছে।

Disinfestation or/and Disinfection/পোকামুক্ত অথবা/এবং জীবাণুমুক্তকরণ :

Date/তারিখ :	NILL	Treatment/গৃহিত ব্যবস্থা :	NIL
Chemical (active ingredient) রাসায়নিক দ্রব্য (সক্রিয় উপাদান) :		NIL	
Duration and temperature/স্থিতিকাল ও তাপমাত্রা :		NIL	
Concentration/মাত্রা :		NIL	
Additional information/অতিরিক্ত বিবরণ :		NIL	

Additional declaration/অতিরিক্ত ঘোষণা :

Date of Issue :
ইস্যুর তারিখ : 07-08-2015



Signature

বাকর
(Md. Monzurul Hossain)
Name of authorised officer
Plant Quarantine Station
Hazrat Shahjalal Intl Airport
Dhaka, Bangladesh

THE DEPARTMENT OF THE TREASURY
 BUREAU OF INTERNAL REVENUE
 OFFICE OF ASSISTANT SECRETARIES
 OFFICE OF ASSISTANT SECRETARIES
 PHYSICIAN'S CERTIFICATE

1931

THIS CERTIFICATE SHALL BE VALID
 IN ALL STATES

I, _____, of the State of _____, do hereby certify that _____, of the State of _____, is a duly licensed physician and surgeon, and is qualified to practice medicine and surgery in the State of _____, and is a member of the _____ of the State of _____, and is a resident of the State of _____, and is a citizen of the United States of America.

I, _____, of the State of _____, do hereby certify that _____, of the State of _____, is a duly licensed physician and surgeon, and is qualified to practice medicine and surgery in the State of _____, and is a member of the _____ of the State of _____, and is a resident of the State of _____, and is a citizen of the United States of America.

I, _____, of the State of _____, do hereby certify that _____, of the State of _____, is a duly licensed physician and surgeon, and is qualified to practice medicine and surgery in the State of _____, and is a member of the _____ of the State of _____, and is a resident of the State of _____, and is a citizen of the United States of America.

I, _____, of the State of _____, do hereby certify that _____, of the State of _____, is a duly licensed physician and surgeon, and is qualified to practice medicine and surgery in the State of _____, and is a member of the _____ of the State of _____, and is a resident of the State of _____, and is a citizen of the United States of America.

VALID FOR EQUIPMENT
 WITHIN 24 HOURS



Name of Physician: _____
 State of Residence: _____
 Date of Issue: _____

Date of Issue: _____
 Office of the Assistant Secretary: _____