



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

0219131

**THIS CERTIFICATE SHALL BE INVALID  
 IN CASE OF ANY ALTERATION**

No.....

Place: HAZRAT SHAHJALAL, DHAKA.....

To: Plant protection organisation of

UK

Date of Inspection:

19-Nov-15

## Description of consignment/চালানের বিবরণ :

Name and address of exporter:

রপ্তানীকারকের নাম ও ঠিকানা

SALENA INTERNATIONAL 6, WALTER ROAD, SUTRAPUR, DHAKA-1100.  
BANGLADESH.

Declared name and address of consignee:

ঘোষিত প্রাপকের নাম ও ঠিকানা

BANGLA PORT, UNIT- 9, 201, COVENTRY ROAD, SMALLHEATH, B-10,  
ORA, U.K

Number and description of packages:

গাটের সংখ্যা ও বিবরণ

30 CARTONS

Distinguishing mark:

সনাক্তকরণ চিহ্ন

K I

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

120(ONE HUNDRED &amp; TWENTY)KGS, FRESH COUNTRY BEANS

Botanical name of plant:

উদ্ভিদের বৈজ্ঞানিক নাম

Lablab purpureus

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 রোগবোলাই এবং ব্যবহারিকভাবে অন্যান্য ক্ষতিকর পোকা ও রোগবোলাই মুক্ত বলিয়া বিবেচিত হইয়াছে এবং উহা আমদানীকারী দেশের বর্তমান উদ্ভিদ স্বাস্থ্য সংক্রান্ত বিধি বিধান মোতাবেক হইয়াছে।

## Disinfestation or/and Disinfection/পোকা মুক্ত অথবা/এবং জীবাণু মুক্তকরণ :

Date/তারিখ :

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

**VALID FOR SHIPMENT  
 WITHIN 24 HOURS**

## Additional declaration/অতিরিক্ত ঘোষণা :

Country beans are immediately prior to their export have been officially inspected and found free from Pest .

Date of Issue :

ইস্যুর তারিখ :

19-Nov-15



Signature

স্বাক্ষর

*(Md. Monzurul Hoque)*  
 19-11-15

Name of authorised official/অনুমোদিত কর্মকর্তার নাম  
 (Md. Monzurul Hoque) Plant Quarantine Station  
 Hazrat Shahjalal Int'l Airport  
 Dhaka, Bangladesh

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH SERVICES  
DIVISION OF LABOR RELATIONS  
CERTIFICATE OF EMPLOYMENT

6819101

THIS CERTIFICATE SHALL BE INVALID  
IN CASE OF ANY ALTERATION

Name of employee: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of hire: \_\_\_\_\_  
Position: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_

This is to certify that the above named individual is employed by the District of Columbia Department of Health Services, Division of Labor Relations, as of the date hereon. The individual named herein is employed on a full-time basis and is entitled to all the benefits and privileges of full-time employment. The individual named herein is employed in the position of \_\_\_\_\_, Department of \_\_\_\_\_, Division of \_\_\_\_\_, District of Columbia. The individual named herein is employed on a permanent basis and is entitled to all the benefits and privileges of permanent employment. The individual named herein is employed on a full-time basis and is entitled to all the benefits and privileges of full-time employment. The individual named herein is employed in the position of \_\_\_\_\_, Department of \_\_\_\_\_, Division of \_\_\_\_\_, District of Columbia. The individual named herein is employed on a permanent basis and is entitled to all the benefits and privileges of permanent employment.

Signature of Employer: \_\_\_\_\_  
Date: \_\_\_\_\_

VALID FOR EMPLOYMENT  
WITHIN 24 HOURS



Division of Labor Relations  
Department of Health Services  
District of Columbia  
20004