

Government of the People's Republic of Bangladesh
Ministry of Agriculture
Department of Agricultural Extension
Plant Quarantine Wing

Form IX



PC- 0034166

Place of Issue
HAZRAT SHAHJALAL, DHAKA

PHYTOSANITARY CERTIFICATE

Rule 27(3)

To : The Plant Protection Organization of UK Date Inspected 21-Jul-16

I. Description of the consignment

Name and address of exporter : SHEULI TRADE INTERNATIONAL, 53, NAYA PLATAN, D.I.T EXT. ROAD, DHAKA-1000, BANGLADESH.

Declared name and address of consignee : EURO LAMS LIMITED, 144, WHEAT SHEAF CLOSE E-14, 9UY, LSLE OF DIGS, LONDON, U.K.

Number and description of packages : 60 CARTONS

Distinguishing mark : S T

Place of origin : BANGLADESH

Declared means of conveyance : BY AIR

Declared point of entry : LONDON, U.K

Name of produce and quantity declared : 500(FIVE HUNDRED) KGS, FRESH JACK FRUITS.

Botanical name of plant : *Artocarpus heterophyllus*

This is to certify that the plants, plant products or other regulated articles described herein have been inspected and/or tested according to appropriate official procedures and are considered to be free from quarantine pests, specified by the importing contracting party and to conform with the current phytosanitary requirements of the importing contracting party, including those for regulated non-quarantine pests. They are deemed to be practically free from other pests.

II. Additional declaration

III. Disinfestation and/or Disinfection treatment

Date / / Treatment NILL

Chemical (active ingredient) and concentration NILL

Duration of exposure and temperature NILL

Additional information NILL

WARNING : Any alteration, forgery, or unauthorized use of this phytosanitary certificate is punishable with imprisonment for a term not exceeding 2 (two) years, or with a fine not exceeding 5,00,000 (five lac) or with both. (Section 31 of Plant Quarantine Act, 2011)



Name of authorised officer : (Md. Hafizur Rahman) Deputy Director
Plant Quarantine Station
Date of Issue : 21-Jul-16 Hazrat Shahjalal Int'l Airport Dhaka
Signature : [Handwritten Signature]

No liability shall be attached to the Ministry of Agriculture or the Department or to any of its Officer or representative with respect to this certificate.

Ministry of Education
Department of Education
Tanzania

Form No. 1

Year: _____
Date: _____

QUESTIONNAIRE

The following information is required for the purpose of the study. Please fill in the details below.

Name of the respondent: _____
Address: _____

Occupation: _____
Age: _____

Sex: _____
Marital status: _____

Education level: _____
Religion: _____

Number of children: _____
Number of siblings: _____

Number of visits to the health center: _____
Reason for visit: _____

Duration of illness: _____
Symptoms experienced: _____

Diagnosis received: _____
Treatment received: _____

Cost of treatment: _____
Satisfaction with treatment: _____

Signature: _____
Date: _____