



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880 31 716214-6, Fax : +880 31 710530



Accredited By : BMDC
Accreditation No : A 55144

PATIENT CONTROL NUMBER
H1030

MEDICAL EXAMINATION CERTIFICATE

SURNAME TALUKDER		FIRST NAME MD.		MIDDLE NAME JAMIL	
PLACE AND DATE OF BIRTH CHANDPUR 15-Nov-1994		PASSPORT NUMBER B00056887		SEAMAN'S BOOK NUMBER CO8506	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female		VESSEL TYPE : CHEM. TANKER	
PERMANENT HOME ADDRESS : TALUKDER VILLA, 58/2/A, NORTH MUGDAPARA, DIST. DHAKA, BANGLADESH.		CONTACT NUMBER : 01719676105 (SELF)/02-7		TRADING AREA : WORLD WIDE	
		RANK :		2ND ASST ENGINEER	

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 80kg	Height (cm) 175	Blood Pressure: Systolic 100 Diastolic 70	PULSE: 78b/min																								
<table border="1"> <thead> <tr> <th colspan="2">Hearing by Audiometry</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th>Right</th> <th>Left</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th>Adequate</th> <th>Inadequate</th> </tr> </thead> <tbody> <tr> <td>☐ Adequate ☐ Inadequate</td> <td>☐ Adequate ☐ Inadequate</td> <td colspan="4">N/A</td> <td>☒ Adequate</td> <td>☐ Inadequate</td> </tr> </tbody> </table>				Hearing by Audiometry		Audiometry				Hearing by Whisper Test		Right	Left	500	1000	2000	3000	Adequate	Inadequate	☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate	N/A				☒ Adequate	☐ Inadequate
Hearing by Audiometry		Audiometry				Hearing by Whisper Test																					
Right	Left	500	1000	2000	3000	Adequate	Inadequate																				
☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate	N/A				☒ Adequate	☐ Inadequate																				
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☐ NO ☐																											

	Visual acuity				Right eye	Visual fields	
	Unaided		Aided			Normal	Defective
	Right eye	Left eye	Right eye	Left eye			
Distant	6/6	6/6			☒	☐	
Near					☒	☐	

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

☒ Normal☐ Doubtful☐ DefectiveDate of last colour vision test: Date (day/month/year) 04 JUL 2024

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<u>MA</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	<u>MA</u>	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E	<u>MA</u>	SGPT	URINE R/E	<u>MA</u>
DC(differential count)	<u>MA</u>	SGOT	OTHERS	<u>MA</u>
HAEMOGLOBIN (HGB)	<u>13.4</u>	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	<u>05</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test
WBC	<u>6600</u>	Amphetamine	☐ Positive ☒ Negative	VDRL
BLOOD GLUCOSE LEVEL	<u>5.9</u>	Phencyclidine	☐ Positive ☒ Negative	Blood Type
RANDOM	<u>51.1</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam
HBA1C	<u>51.1</u>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer

MD. JAMIL TALUKDER

Name of Seafarer

04 JUL 2024

Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duties☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes	No
☒	☐

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date: 04 JUL 2024

Valid Until

03 JUL 2026DR. MIR MD. RAIHAN
Name and Signature of Authorized Physician

In Accordance with Medical Examination of Seafarers Regulations (1978/1996) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: TALUKDER		GIVEN NAME (S): MD. JAMIL	
DATE OF BIRTH: DAY 15 MONTH 11 YEAR 1994		PLACE OF BIRTH CITY CHANDPUR COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: TALUKDER VILLA, 58/2/A, NORTH MUGDAPARA, DIST. DHAKA, BANGLADESH. BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6	—	☐ BOOK	RIGHT EAR MAC
LEFT EYE			☐ LANTERN	LEFT EAR MAC
			YELLOW MAC RED MAC	
			GREEN MAC BLUE MAC	

Confirmation that identification documents were checked at the point of examination: YES ☐ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **04 JUL 2024**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.


Signature of Applicant

MD. JAMIL TALUKDER
Name of Applicant

4-Jul-2024
Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S.(D.U.), REG. NO. A-55144		
ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.		
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH		
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05-2014		
SIGNATURE OF PHYSICIAN: 	STAMP OF PHYSICIAN: 	DATE: 04 JUL 2024
EXPIRY DATE OF CERTIFICATE: 03 JUL 2026		

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Birmen), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga,
Agrabad C/A, Chattogram, Bangladesh.
Tel: +88 02333316214-6

Name	MD. JAMIL TALUKDER	Date	4-Jul-2024
Age	29	Sex	MALE
Passport No	B00056887	CDC No	CO8506
Sample	BLOOD	Rank	2ND ASST ENGINEER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	FURANO GALAXY	GINGA LION	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	09-02-2023	04-07-2024	-
Serum Bilirubin	0.72	0.56	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	30	26	Up to 37 U/L
Serum S.G.P.T.	20	32	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



Doctor Seal & Signature
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

ID NO : 24070089

Date : 04/07/2024

Patient's Name : MD JAMIL TALUKDER

Age : 29Y7M19D

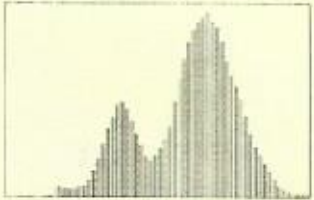
Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/8506

Sex : Male

Specimen : Blood

(Relevant estimations were carried out by KT-4 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	13.4 g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	05 mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	6,600 /cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			
Neutrophils	56 %	(40 - 75)%	
Lymphocytes	32 %	(20-45)%	
Monocytes	07 %	(2-10)%	
Eosinophils	05 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSINOPHIL COUNT	330 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	173,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	14.7 fL	7.0 -11.0 fL	
PDW-CV	17.6 %	10 - 18 %	
PCT	0.26 %	0.10 - 0.28	
P-LCR	56.7 %	9.00 - 45.00%	
P-LCC	98 x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	4.87 m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	44.0 %	M: 40-54%, F: 37-47%	
MCV	90.3 fL	76-94 fL	
MCH	27.5 pg	27-32 pg	
MCHC	30.4 g/dL	29-34 g/dL	
RDW SD	52 fL	30.0-57.0 fL	
RDW CV	17.2 %	10-16%	

Checked By.....
Medical Technologist
Radical Hospital Ltd.
Uttara,Dhaka.

Dr. Sumaiya Khatun
MBBS,MD (Gold Medilist) (BSMMU)
Associate Professor
Dept.Of Microbiology
East West Medical College & Hospital.

Bill No	DIA24070089	Received Date	04/07/2024
Patient's Name	MD JAMIL TALUKDER		
Patient's Age	29Y 7M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8506
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.9 mmol/l	4.2 – 7.8 mmol/l
Serum Bilirubin (Total)	0.56 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	26.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	32.0 U/L	Up to 40 U/L
HbA1C	5.1 %	4.2 - 6.7 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist,
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

Bill No	DIA24070089	Received Date	04/07/2024
Patient's Name	MD JAMIL TALUKDER		
Patient's Age	29Y 7M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8506
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING RESULT

ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

Bill No	DIA24070089	Received Date	04/07/2024
Patient's Name	MD JAMIL TALUKDER		
Patient's Age	29Y 7M 19D	Patient's Sex	Male
Ref. by	Dr Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8506
Sample	BLOOD		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Bill No	DIA24070089	Received Date	04/07/2024
Patient's Name	MD JAMIL TALUKDER		
Patient's Age	29Y 7M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8506
Sample	BLOOD		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
-----------	--------

Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By


 Medical Technologist
 Radical Hospital Ltd.


Dr. Sumaiya Khatun
 MBBS, MD (Microbiology)

 Associate Professor
 Dept. of Microbiology
 East West Medical College and Hospital.

Patient ID	24070089	Voucher No	
Test Name	USG OF KUB	Delivery Date	04/07/2024
Patient Name	MD.JAMIL TALUKDER		
Age	29 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY :- Is normal in size regular in shape and position. Bipolar length 8.1 cm. The cortical Echogenicity are normal with clear cortico-medullary differentiation. The cortical Thicknesses are normal. The renal sinus shows normal echogenicity and thickness. *P-C systems are not dilated.*

LT KIDNEY :- Is normal in size regular in shape and position. Bipolar length 8.9 cm. The cortical Echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. *P-C systems are not dilated.*

URINARY BLADDER :- Is well filled. Wall thickness is regular and within normal limit.
No intravesicle lesion is seen.

PROSTATE :- Normal in size , volume is 5.89 cc & regular in shape. Echogenicity is homogenous.

COMMENT :- Suggestive of - Normal study.

Dr. Rabaya Akter Akhi
Dr. Rabaya Akter Akhi
MBBS,DMU



REF: MT. GINGA LION

DATE: 04/07/2024

M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: MD JAMIL TALUKDER

RANK: 2A/ENG

CDC NO: C/O/8506

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~

OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID: *Mr Sami Makdour*

04-07-2024 14:30:13

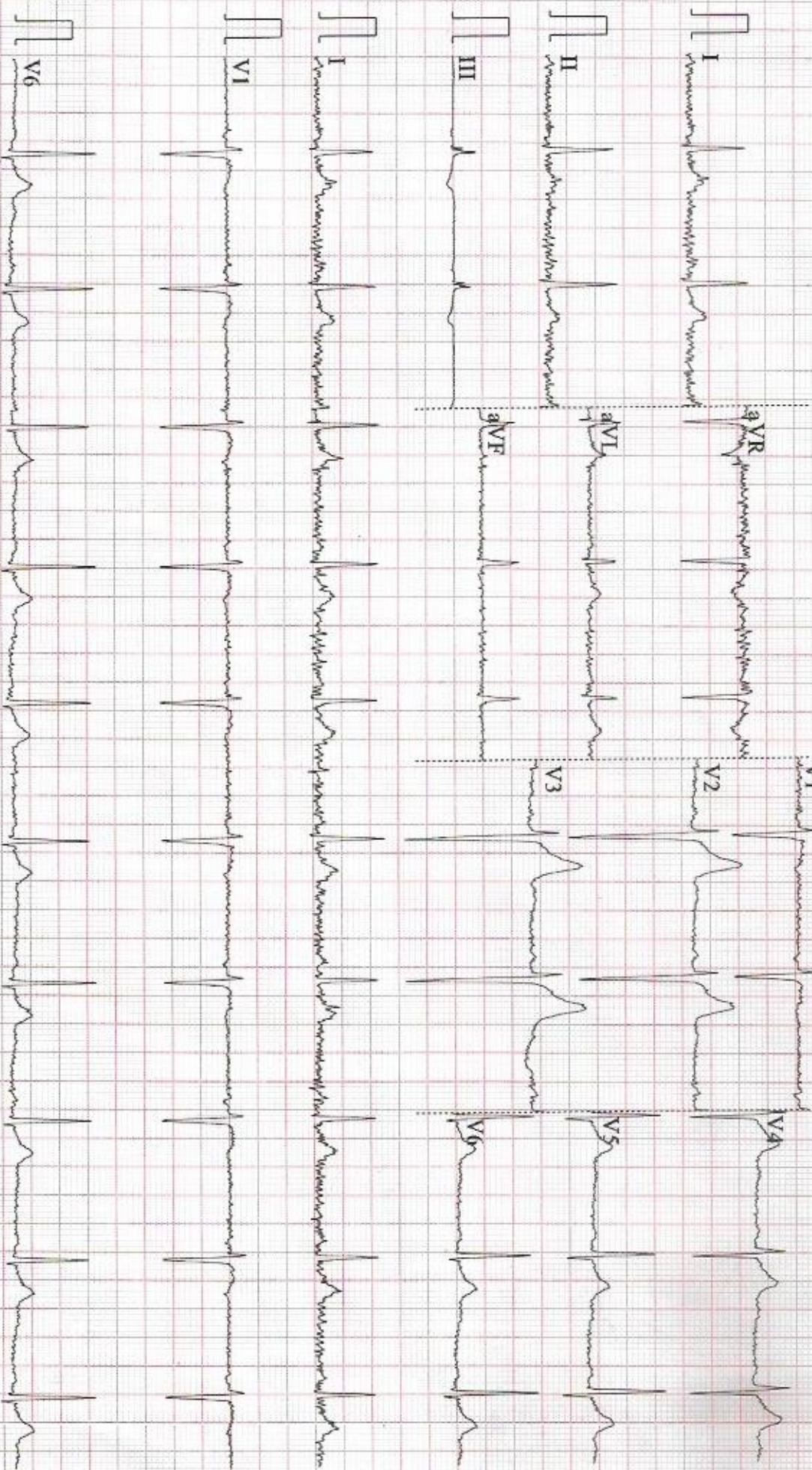
Diagnosis Information:

Male *59* Years
mmHg

P	: 61	bpm
PR	: 106	ms
QRS	: 156	ms
QT/QTc	: 82	ms
QT/QTc	: 370/373	ms
P/QRS/T	: -25/38/5	°
RV5/SV1	: 1.250/1.171	mV

Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070089 Receive: 04/07/2024 Print: 04/07/2024
Patient's Name : MD JAMIL TALUKDER
Age : 29 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

sd/- Jamil Talukder.
This is to certify that }
whose signature follows }

Date of birth 15-11-1994 Sex Male

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
1	 DR. M. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11620		1 2 
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.