

**PROFORMA a1****Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2022**

Certified that \_\_\_\_\_

Son / daughter of \_\_\_\_\_ is a  
resident/permanent resident of West Bengal at Village/House No. \_\_\_\_\_

Street \_\_\_\_\_

Post Office \_\_\_\_\_ Police Station \_\_\_\_\_

In the District of \_\_\_\_\_ under \_\_\_\_\_

Assembly Constituency and has been living in the State of West Bengal  
continuously/ uninterruptedly at least for the last ten (10) years as on 31-12-2022.

Paste 4 cmx3 cm  
size recent  
colour  
photograph in  
this box. Photo  
must be attested  
by the certifying  
authority

Candidate's signature

**Candidate must sign here in front of the  
certifying authority**

**(Candidate's photograph)**

Signature of Certifying Authority \_\_\_\_\_

Full Name of Certifying Authority (Block letters) \_\_\_\_\_

Designation with Official Seal \_\_\_\_\_

Office Address \_\_\_\_\_

Office Phone No. \_\_\_\_\_ Mobile No: \_\_\_\_\_ (optional)

ID No: \_\_\_\_\_ (optional)

*Note: Photograph is to be attested by the certifying authority.**The Certifying Authority may preserve a duplicate copy of this Certificate as record.*

**PROFORMA a2****Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2022**

Certified that \_\_\_\_\_ son / daughter of \_\_\_\_\_ has passed the '10+2' Examination in theyear \_\_\_/ will appear in the Final '10+2' Examination in 2023 from this Institution.

It is also certified that the student is a resident/permanent resident of West Bengal at Village/House No. \_\_\_\_\_

Street \_\_\_\_\_ Post Office \_\_\_\_\_

Police Station \_\_\_\_\_ in the district of \_\_\_\_\_

under \_\_\_\_\_ Assembly Constituency and has been living and studying in the State of West Bengal continuously / uninterruptedly at least for the last ten (10) years as on 31-12-2022.

Paste 4 cmx3 cm size recent colour photograph in this box. Photo must be attested by the certifying authority

Candidate's signature

**Candidate must sign here in front of the certifying authority**

**(Candidate's photograph)**

Signature of Certifying Authority \_\_\_\_\_

Full Name of Certifying Authority (Block Letter) \_\_\_\_\_

Designation with Official Seal \_\_\_\_\_

Office Address \_\_\_\_\_

Office Phone No. \_\_\_\_\_ Mobile No: \_\_\_\_\_ (optional)

ID No: \_\_\_\_\_ (optional)

*Note: Photograph is to be attested by the certifying authority.*

*The Certifying Authority may preserve a duplicate copy of this Certificate as record.*

**PROFORMA b**

**Residential/Domicile Certificate for candidates not residing in the State of West Bengal but whose parent(s) is (are) permanent resident(s) of West Bengal having their permanent home address within West Bengal**

Certified that \_\_\_\_\_

Father/ mother of \_\_\_\_\_ (the applicant) is/ are permanent Resident of West Bengal at Village/House No. \_\_\_\_\_

\_\_\_\_\_

Street \_\_\_\_\_

Post Office \_\_\_\_\_ Police Station \_\_\_\_\_

In the District of \_\_\_\_\_

Under \_\_\_\_\_ Assembly Constituency

Paste 4 cmx3 cm size recent colour photograph of the candidate in this box. Photo must be attested by the certifying authority

Paste 4 cmx3 cm size recent colour photograph of father/ mother of the candidate in this box. Photo must be attested by the certifying authority

Father's/ Mother's Signature

Candidate's Signature

**Candidate must sign here in front of the certifying authority**

**(Candidate's Photograph) (Father's/ Mother's Photograph)**

Signature of Certifying Authority \_\_\_\_\_

Full Name of Certifying Authority (Block Letter) \_\_\_\_\_

Designation with Official Seal \_\_\_\_\_

Office Address \_\_\_\_\_

Office Phone No. \_\_\_\_\_ Mobile No: \_\_\_\_\_ (optional)

ID No: \_\_\_\_\_ (optional)

*Note: Photographs are to be attested by the certifying authority.*

*The Certifying Authority may preserve a duplicate copy of this Certificate as record.*

**Proforma for Income Certificate**

Certified that the TOTAL ANNUAL FAMILY INCOME FROM ALL SOURCES of  
 \_\_\_\_\_ GUARDIAN \_\_\_\_\_, guardian \_\_\_\_\_ CANDIDATE \_\_\_\_\_  
 residing at \_\_\_\_\_ Post Office \_\_\_\_\_  
 Police Station \_\_\_\_\_ in the district of \_\_\_\_\_  
 in the state of West Bengal for the financial year 2022-2023 is less than Rs. 2.50 lakhs  
 (Rupees two lakhs and fifty thousand only) and stands at Rs. \_\_\_\_\_ (Rupees  
 \_\_\_\_\_).

Paste 4 cmx3 cm  
size recent colour  
photograph of the  
candidate in this  
box. Photo must  
be attested by the  
certifying  
authority

Candidate's signature

**Candidate must sign here in front of the  
certifying**

**(Candidate's Photograph)**

Signature of Certifying Authority \_\_\_\_\_

Full Name of Certifying Authority (Block Letter) \_\_\_\_\_

Designation with Official Seal \_\_\_\_\_

Office Address \_\_\_\_\_

Office Phone No. \_\_\_\_\_ Mobile No: \_\_\_\_\_ (optional)

ID No: \_\_\_\_\_ (optional)

*Note: Photographs are to be attested by the certifying authority.  
The Certifying Authority may preserve a duplicate copy of this Certificate as record.*

**Certificate regarding physical limitation in a examinee to write**

This is to certify that, I have examined Mr/Ms/Mrs\_\_\_\_\_ (name of the candidate with disability), a person with\_\_\_\_\_ (nature and percentage of disability as mentioned in the certificate of disability), S/o/ D/o \_\_\_\_\_, a resident of \_\_\_\_\_ (Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Medical Superintendent of a Government health care institution

Name & Designation:

Name of Government Hospital/Health Care Centre with Seal:

Place:

Date:

**Note:**

Certificate should be given by a specialist of the relevant stream/disability (e.g., Visual impairment - Ophthalmologist, Locomotor disability- Orthopaedic specialist/ PMR)

**Letter of Undertaking for Using Own Scribe**

I \_\_\_\_\_, a candidate with \_\_\_\_\_ (name of the disability) appearing for the \_\_\_\_\_ (name of the examination) bearing Roll No. \_\_\_\_\_ at \_\_\_\_\_ (name of the centre) in the District \_\_\_\_\_, \_\_\_\_\_ (name of the State). My qualification is \_\_\_\_\_.

I do hereby state that \_\_\_\_\_ (name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is \_\_\_\_\_. In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the admission and claims relating thereto.

(Signature of the candidate with Disability)

Place:  
Date:

