

**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 \_\_\_\_\_

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 should preserve a duplicate copy of this Certificate.*

**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  
the certifying authority**

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

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

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

Full Name of Certifying Authority \_\_\_\_\_

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

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

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

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

## APPENDIX - 3

### Certificate regarding physical limitation in an 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 there to.

(Signature of the candidate with Disability)

Place:

Date: