

PROFORMA-a1

Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2023

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 31-12-2023.

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 of 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.

The Certifying Authority should preserve a duplicate copy of this Certificate.

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)

APPENDIX - 4

Letter of Undertaking for Using Own Scribe

I, _____ a
candidate with _____ (name of the disability)
appearing for the _____ (name of the examination)
bearing Application No. _____.

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

I do hereby undertake that his/her qualification is _____. In
support of his/her maximum educational qualification, a certificate issued by the Head of the
institution is attached herewith. If it is subsequently found that his/her 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)

Place:

Date: