

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 - 4

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 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: