

**APPENDIX-1  
PROFORMA a1**

**Residential/Domicile Certificate for candidates residing in the State of  
West Bengal continuously for at least the last ten (10) years as of  
31.12.2024**

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 \_\_\_\_\_ under \_\_\_\_\_ Assembly

Constituency and has been living in the State of West Bengal continuously/ uninterruptedly  
at least for the last ten (10) years as of 31-12-2024.

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

Candidate's signature

(Candidate's Photograph)

Candidate must sign here in front of the certifying  
authority.

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

## APPENDIX-2 PROFORMA-a2

### Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least the last ten (10) years as of 31.12.2024

Certified that \_\_\_\_\_ son/daughter of \_\_\_\_\_ has passed the '10+2' Examination in theyear \_\_\_\_\_/ will appear in the Final '10+2' Examination in 2025 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 of 31-12-2024.

Paste a 4 cmx3 cm size recent  
colour photograph of the  
candidate in this box. The  
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: Photographs are to be attested by the certifying authority. The Certifying Authority may preserve a duplicate copy of this Certificate as a record.*

## APPENDIX-3 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 a permanent Resident of West Bengal at Village/House No. /Street \_\_\_\_\_ Post Office \_\_\_\_\_ Police Station \_\_\_\_\_

In the District of \_\_\_\_\_ Under \_\_\_\_\_ Assembly Constituency

<p style="color: blue; text-align: center;">Paste a 4 cmx3 cm size recent colour photograph of the candidate in this box. The photo must be attested by the certifying authority.</p>	<p style="color: blue; text-align: center;">Paste a 4 cmx3 cm size recent colour photograph of the father/ mother of the candidate in this box. The photo must be attested by the certifying authority.</p>
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(Candidate's Photograph)

(Father's/ Mother's Photograph)

Candidate's Signature

Father's/ Mother's Signature

Candidate must sign here in front of the certifying authority.

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 a record.*

## APPENDIX – 4

### Proforma for Income Certificate

Certified that Total Annual Income From all sources of \_\_\_\_\_,  
guardian of \_\_\_\_\_ residing at \_\_\_\_\_  
Post Office \_\_\_\_\_ Police Station \_\_\_\_\_ in the district  
of \_\_\_\_\_ in the state of West Bengal for the financial year 2024-2025  
is less than Rs. 2.50 lakhs (Rupees two lakhs and fifty thousand only) and stands at Rs.  
\_\_\_\_\_ (Rupees \_\_\_\_\_)

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

Candidate's signature

(Candidate's Photograph)

Candidate must sign here in front of the certifying authority.

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 a record.*

## APPENDIX-5

### Certificate regarding physical limitation of 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: The certificate should be given by a specialist of the relevant stream/disability (e.g. Visual impairment - Ophthalmologist, Locomotor disability- Orthopedic specialist/ PMR)*

**APPENDIX-6**  
**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: