

APPENDIX – 1

PROFORMA a1

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

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 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 31-12-2024.

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 should preserve a duplicate copy of this Certificate.

APPENDIX - 2

PROFORMA a2

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

Certified that _____ son/daughter of _____ has passed the '10+2' Examination in the year _____/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 on 31-12-2024.

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

Candidate's signature

Candidate's 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.

APPENDIX -3

PROFORMA- 2
for
Medical Fitness Certificate for
ANM (R) & GNM courses

Candidate's
photograph,
attested by the
Medical Practitioner

(A) Personal information:

1. Candidate's name (in BLOCK letters): _____
2. Father's /Guardian's name: _____
3. Date of birth: _____
4. Present address: _____

5. Permanent address: _____

(B) History of illness:

1. Past and present illness:
2. Family history:

(C) Physical examination:

1. Height:
2. Physical built:
3. Deformity:
4. Posture and gait:
5. Condition of skin and mucous membrane:
6. Teeth and gum
7. Hearing:
8. Mental alertness:
9. Blood pressure
10. Pulse and respiration
11. Urine test for Albumin and Sugar:
12. Blood test for TC, DC, ESR and Hb%:
13. Vision: Right eye: Left eye:
14. Heart:
15. Lung (X-ray chest):
16. Abdomen (Liver and Spleen)
17. Menstrual History (For female candidates):

(D) "I hereby certify that I have examined Mr./Ms. _____, a candidate for ANM(R)/GNM training course and I couldn't discover that he/she has any disease (communicable or otherwise), constitutional weakness or bodily infirmity, except _____. I do not consider this a disqualification for the said training.

According to the statement of Mr./ Ms. _____, he/ she is _____ year old and by appearance he/ she is about _____ year old".

In view of the above findings, the candidate is

a) FIT **OR**

b) Unfit on account of _____ **OR**

c) Temporarily unfit on account of _____

Full signature of the candidate with date

Place:

Date:

Signature of the Medical Practitioner

Name:

Degree:

Registration No.

Official seal:

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)

APPENDIX -5**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:

APPENDIX -10

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 should preserve a duplicate copy of this Certificate.