

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

Candidate's signature

Candidate must sign here in front of the certifying authority

(Candidate'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:

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

Candidate's signature

**Candidate must sign here in front of the certifying
authority**

(Candidate'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:

Photograph is to be attested by the certifying authority.

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

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/ 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

Paste 4 cmx3 cm
 size recent colour
 photograph of the
 father/mother of
 the candidate in this
 box

Father's/ Mother's Signature

Candidate's signature

Candidate must sign here in front of

(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)

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 –7**District-wise list of examination zones for JENPAS(UG)-2025**

S. N.	Districts of W B.	Zone	Zone code
1	Bankura	Bankura	11
2	Cooch Behar	Cooch Behar	15
3	Darjeeling	Siliguri	18
4	Hooghly	Serampore	21
5	Howrah	Howrah Maidan/Shibpur	22
6	Howrah	Salkia/Bally/Uttarpara	23
7	Howrah	Santragachi/Domjur	24
8	Howrah	Uluberia	25
9	Kolkata	Central Kolkata (Moulali/Beliaghata/Narkel Danga/Phool Bagan/Kakurgachi/Park Circus)	29
10	Kolkata	North Kolkata (Shyam bazar/ Bagh Bazar/Girish Park/Burra Bazar/ College Street/Sealdah)	30
11	Kolkata	Salt Lake/New Town (Salt Lake/Lake Town/New Town/Rajar Hat)	31
12	Kolkata	South Kolkata (Ballygaunge/Minto Park/ Bhowanipore/ Tollygaunge/ Jadavpur)	32
13	Kolkata	West Kolkata (Joka/Behala/Alipore/Chetla/Khidirpore/ Budge Budge)	33
14	Malda	Malda	34
15	Murshidabad	Berhampur	35
16	Nadia	Kalyani	38
17	North 24 Parganas	Barrackpur (Dum Dum Jn. To Barrackpur)	43
18	Paschim Burdwan	Asansol	45
19	Paschim Burdwan	Durgapur	46
20	Paschim Medinipur	Kharagpur	48
21	Paschim Medinipur	Medinipur	49
22	Purba Burdwan	Burdwan	50
23	Purba Medinipur	Haldia	52
24	South 24 Parganas	Garia/Sonarpur/Baruipur	55