

## 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 \_\_\_\_\_

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-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:**