

## 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 may preserve a duplicate copy of this Certificate as record.

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

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 record.*

**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- Orthopedic 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:**