

**PROFORMA A1**

**Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least the last ten (10) years as on 31.12.2025.**

Certified that \_\_\_\_\_ the son/daughter of \_\_\_\_\_ is a resident/permanent resident of West Bengal at Village/Town \_\_\_\_\_/House No. \_\_\_\_\_, Street \_\_\_\_\_ Post Office \_\_\_\_\_, Police Station \_\_\_\_\_ in the District of \_\_\_\_\_ under \_\_\_\_\_ Assembly Constituency and has been living in the State of West Bengal has been continuously, at least for the last ten (10) years, as on 31-12-2025.

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

**Signature of the Candidate  
The 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):

***N.B. The photograph is to be attested by the certifying authority. The Certifying Authority should preserve a duplicate copy of this Certificate.***

**PROFORMA A2**

**Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least the last ten (10) years as on 31.12.2025**

Certified that \_\_\_\_\_ the son/daughter of \_\_\_\_\_ has passed the '10+2' Examination in the year \_\_\_\_\_ / will appear in the Final '10+2' Examination in 2026 from this Institution.

It is also certified that the student is a resident/permanent resident of West Bengal at the Village/Town \_\_\_\_\_/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 31-12-2025.

<p><b>Candidate's photograph</b></p> <p>Paste 4 cmx3 cm size recent colour photograph in this box. Photo must be attested by the certifying authority</p>	<p><b>Signature of the Candidate: The candidate must sign here in front of the certifying authority</b></p>
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):	

***N.B.*** The photograph is to be attested by the certifying authority. The Certifying Authority should preserve a duplicate copy of this Certificate.

**PROFORMA B**

**Residential/Domicile Certificate for candidates not residing in the State of West Bengal but whose parent(s) are permanent residents of West Bengal, having their permanent home address within West Bengal**

Certified that \_\_\_\_\_  
 Father/ mother of \_\_\_\_\_(the applicant)  
 is/ are a permanent Resident of West Bengal at Village/Town \_\_\_\_\_  
 House No. \_\_\_\_\_ Street \_\_\_\_\_  
 Post Office \_\_\_\_\_ Police Station \_\_\_\_\_  
 in the District of \_\_\_\_\_ under \_\_\_\_\_ Assembly Constituency

Paste a recent colour photograph of the candidate (4 cm x 3 cm) in this box.  The certifying Authority must attest to the photo.	Paste a recent colour photograph of the Father / Mother of the candidate (4 cm x 3 cm) in this box.  The certifying Authority must attest to the photo.	
		Father's/ Mother's Signature
		Candidate's Signature. The 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):		
<b>Note:</b> Photographs are to be attested by the certifying Authority. The Certifying Authority should preserve a duplicate copy of this Certificate.		

## 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 2025-2026  
 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)

The 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 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	
Office Seal	
Office Address with Phone No.	
Place:	
Date:	

**Note:**  
*The certificate should be issued by a specialist in the relevant stream/disability (e.g., Visual impairment - Ophthalmologist, Locomotor disability - Orthopaedic specialist/PMR).*

**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:**