

APPENDIX - 1

**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.**

<p>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.</p>	
<p><b>Candidate's photograph Paste 4 cmx3 cm size recent colour photograph in this box. Photo must be attested by the certifying authority</b></p>	<p><b>Signature of the Candidate The candidate must sign here in front of the certifying authority</b></p>
	<p>Signature of Certifying Authority:</p>
<p>Full Name of Certifying Authority (Block letters):</p>	
<p>Designation with Official Seal:</p>	
<p>Office Address:</p>	
<p>Office Phone No.:</p>	
<p>Mobile No (optional):</p>	
<p>ID No (optional):</p>	
<p><b><i>N.B. The photograph is to be attested by the certifying authority. The Certifying Authority should preserve a duplicate copy of this Certificate.</i></b></p>	

**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

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

**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	
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:**