

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 cm x 3 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.

Candidate's photograph

**Paste a 4 cm x 3 cm size recent colour photograph in this box.
The 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.

**APPENDIX -3
Part-1**

**PROFORMA- 2
for
Medical Fitness Certificate for
JENPAS(UG) courses**

Candidate's photograph,
attested by the Medical
Practitioner

A: Personal information	
Candidate's name (in BLOCK letters):	
Father's /Guardian's name	
Date of birth:	
Present address:	
Permanent address:	
B: History of illness:	
Past and present illness:	
Family history:	
C: Physical examination:	
Height:	
Physical built:	
Deformity:	

Posture and gait:				
Condition of skin and mucous membrane:				
Teeth and gum				
Hearing:				
Mental alertness:				
Blood pressure				
Pulse and respiration				
Urine test for Albumin and Sugar:				
Blood test for	TC	DC	ESR	Hb%
Vision:				
Heart:				
Lung (X-ray chest):				
Abdomen (Liver and Spleen)				
Menstrual History (For female candidates):				

Signature of the Medical Practitioner

Certification

I hereby certify that I have examined Mr./Ms. _____,
 a candidate for ANM(R) / GNM training course and I couldn't discover that he/she has any
 disease (communicable or otherwise), constitutional weakness or bodily infirmity, except
 _____. I do not consider this a disqualification for the said training.
 According to the statement of Mr./Ms. _____, he/she is
 _____ year old, and by appearance, he/she is about _____ year old.

SUMMARY MEDICAL EXAMINATION REPORT

Introduction	Tick √	Decision	Reason
In view of the above findings, the candidate is	<input type="checkbox"/>	FIT	
	<input type="checkbox"/>	UNFIT	
	<input type="checkbox"/>	Temporarily UNFIT	

Name of the Candidate

Full signature of the candidate with date

Place: _____
Signature of the Medical Practitioner

Date: Name:

Degree:

Registration No.

Official seal:

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	
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:

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>	
		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):		

Note: Photographs are to be attested by the certifying Authority. The Certifying Authority should preserve a duplicate copy of this Certificate.