

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.

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 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.*

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):		

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	
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 their 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: