

**PROFORMA a1**

**Residential/Domicile Certificate for candidates residing in the State of West Bengal  
continuously for at least last ten (10) years as on 31.12.2019**

Certified that \_\_\_\_\_

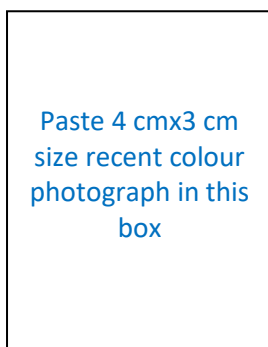
Son / daughter of \_\_\_\_\_ is a resident/permanent  
resident of West Bengal at Village/House No. \_\_\_\_\_

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 31-12-2019.



**(Candidate's photograph)**



**Candidate must sign here in front of the certifying  
authority**

Signature of Certifying Authority \_\_\_\_\_

Designation with Official Seal \_\_\_\_\_

Full Name of Certifying Authority \_\_\_\_\_

Office Address \_\_\_\_\_

Office Phone No. \_\_\_\_\_ Mobile No: \_\_\_\_\_ (optional)

ID No: \_\_\_\_\_ (optional)

*Note: 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 last ten (10) years as on 31.12.2019**

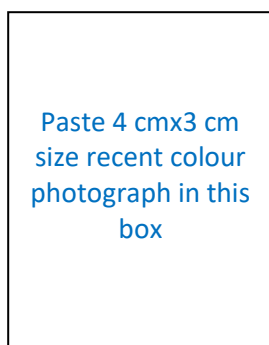
Certified that \_\_\_\_\_ son / daughter of  
\_\_\_\_\_ has passed the '10+2' Examination in the  
year \_\_\_\_\_ / will appear in the Final '10+2' Examination in 2020 from this Institution.

It is also certified that the student 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 and  
studying in the State of West Bengal continuously / uninterruptedly at least for the last  
ten (10) years as on 30-12-2019.



**(Candidate's photograph)**

Candidate's signature

**Candidate must sign here in front of the certifying  
authority**

Signature of Certifying Authority \_\_\_\_\_

Designation with Official Seal \_\_\_\_\_

Full Name of Certifying Authority \_\_\_\_\_

Office Address \_\_\_\_\_

Office Phone No. \_\_\_\_\_ Mobile No: \_\_\_\_\_ (optional)

ID No: \_\_\_\_\_ (optional)

*Note: 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) 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

Paste 4 cmx3 cm  
size recent colour  
photograph of  
father/ mother of  
the candidate in  
this box

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 \_\_\_\_\_

Designation with Official Seal \_\_\_\_\_

Full Name of Certifying Authority \_\_\_\_\_

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.*

### Proforma for Income Certificate

Certified that the TOTAL ANNUAL FAMILY INCOME FROM ALL SOURCES of  
\_\_\_\_\_ GUARDIAN \_\_\_\_\_, guardian of \_\_\_\_\_ CANDIDATE \_\_\_\_\_  
residing at \_\_\_\_\_ Post Office \_\_\_\_\_  
Police Station \_\_\_\_\_ in the district of \_\_\_\_\_  
in the state of West Bengal for the year 2019-2020 is less than Rs. 2.50 lakhs (Rupees two lakhs  
and fifty thousand only) and stands at Rs. \_\_\_\_\_ (Rupees  
\_\_\_\_\_).

Paste 4 cmx3 cm  
size recent colour  
photograph of the  
candidate in this  
box

Candidate's signature

**Candidate must sign here in front of the certifying  
authority**

**(Candidate's Photograph)**

Signature of Certifying Authority \_\_\_\_\_

Designation with Official Seal \_\_\_\_\_

Full Name of Certifying Authority \_\_\_\_\_

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.*

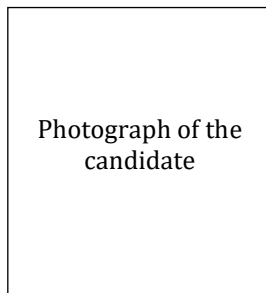
## **Certificate regarding Physical limitation in examination to write**

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), S/o\D/o \_\_\_\_\_ a resident of \_\_\_\_\_ (full address with village, district, state) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Name of the candidate:

Name of ID proof:

ID number:



Signature

(Chief Medical Officer/ Civil Surgeon/  
Medical Superintendent of Government  
Health Care Institution)

Name and Designation

Name of the Government Health Care Institution

Place:

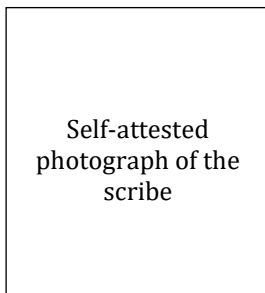
Date:

## 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. \_\_\_\_\_. My qualification is  
\_\_\_\_\_.

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 case subsequently it is  
found that his/her qualification is not as declared by the undersigned and/or is beyond my  
qualification, I shall forfeit my right for admission and claims there to.



Signature of the candidate with disability

Name of the scribe:

ID of the scribe:

IN No.