

PROFORMA a1

Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2023

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 31-12-2023.

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

Candidate's signature

Candidate must sign here in front of the certifying authority

(Candidate's photograph)

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)

Note: Photograph is to be attested by the certifying authority.

The Certifying Authority may preserve a duplicate copy of this Certificate as record.

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. Photo must be attested by the certifying authority

Paste 4 cmx3 cm size recent colour photograph of father/ mother of the candidate in this box. Photo must be attested by the certifying authority

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 _____

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 record.

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 with Seal:

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream/disability
(e.g. Visual impairment - Ophthalmologist, Locomotor disability- Orthopedic 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: