

**PROFORMA-1**

for

**Residential/Domicile Certificate for both ANM(R) & GNM course**

for

**permanent residents of the Gram Panchayet area of the concerned District of West Bengal (from where the candidate applies) uninterruptedly for at least five preceding years till 31.12.2021.**

I hereby certify that I personally know Ms. ....

D/o, ....., W/o, .....,

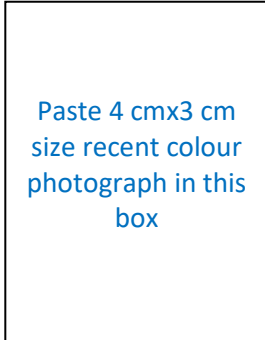
She is a citizen of India and has been residing in the **Gram Panchayet area** in the district of

..... in West Bengal for at least five years till 31.12.2021.

Her present address is .....

.....

.....



(Candidate's Photograph)



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

\_\_\_\_\_  
Signature of Certifying Authority with date and office seal

**PROFORMA-2**

for

**Residential/Domicile Certificate for only GNM course**

for

**permanent residents of the District of West Bengal (from where the candidate applies) uninterruptedly for at least five preceding years till 31.12.2021.**

I hereby certify that I personally know Ms. ....

D/o, ....., W/o, .....,

She is a citizen of India and has been residing in the district of .....  
in West Bengal for at least five years till 31.12.2021.

Her present address is .....  
.....  
.....

Paste 4 cmx3 cm  
size recent colour  
photograph in this  
box

(Candidate's Photograph)

Candidate's signature

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

\_\_\_\_\_  
Signature of Certifying Authority with date and office seal

**PROFORMA-3**

**for  
Medical Fitness Certificate for  
ANM (R) & GNM courses**

Candidate's  
photograph,  
attested by the  
Medical  
Practitioner

**(A) Personal information:**

1. Candidate's name (in BLOCK letters): \_\_\_\_\_
2. Father's /Guardian's name: \_\_\_\_\_
3. Date of birth: \_\_\_\_\_
4. Present address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Permanent address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(B) History of illness:**

1. Past and present illness:
2. Family history:

**(C) Physical examination:**

1. Height:

2. Physical built:
3. Deformity:
4. Posture and gait:
5. Condition of skin and mucous membrane:
6. Teeth and gum
7. Hearing:
8. Mental alertness:
9. Blood pressure
10. Pulse and respiration
11. Urine test for Albumin and Sugar:
12. Blood test for TC, DC, ESR and Hb%:
13. Vision:          Right eye:                          Left eye:
14. Heart:
15. Lung (X-ray chest):
16. Abdomen (Liver and Spleen)
17. Menstrual History (For female candidates):

(D) "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".

In view of the above findings, the candidate is

a) FIT OR

b) Unfit on account of \_\_\_\_\_ OR

c) Temporarily unfit on account of \_\_\_\_\_

\_\_\_\_\_  
Full signature of the candidate with date

Place:

Date:

\_\_\_\_\_  
Signature of the Medical Practitioner

Name:

Degree:

Registration No.

Official seal:

**Certificate regarding physical limitation to write in an examination.**

**Certificate No.** ..... **Dated** .....

This is to certify that Mr./Ms. ....

Son/daughter of Mr. Ms. ....

Residing at .....  
 .....

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

Having WBJEE-2021 application No. .... has the following disability  
 (name of the Specified Disability)

..... In percentage of  
 .....(in words) .....(in figures).

Please tick the specified disability (Assessment may be done on the basis of Gazette of India, Extraordinary, Part-II, Section-3, Subsection (ii)) Ministry of Social Justice and Empowerment)

S. No.	Category	Type of Disability	Specified Disability
1	Physical Disability	Locomotor Disability	a) Leprosy cured person, b) Cerebral palsy, c) Dwarfism, d) Muscular dystrophy, e) Acid attack victims
		Visual Impairment	a) Blindness, b) Low vision
		Hearing Impairment	a) Deaf, b) Hard of hearing
		Speech & Language Disability	a) Permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes
2	Intellectual Disability		a) Specific learning Disability (Perceptual Disabilities, Dyslexia, Dyscalculia, Dyspraxia & Development Aphasia) b) Autism spectrum disorder
3	Mental Behaviour		a) Mental illness
4	Disability caused due to	i. Chronic Neurological Conditions	a) Multiple sclerosis b) Parkinsonism
		ii. Blood disorder	a) Haemophilia, b) Thalassemia, c) Sickle cell disease
5	Multiple Disabilities		a) More than one of the above specified disabilities including deaf blindness

This is to further certify that he /she has physical limitation which hampers his/her writing capabilities to write the examination owing to his/her disability.

Signature

Name

Chief Medical Officer/ Civil Surgeon/Medical Superintendent

Govt. Health Care Institution with seal

## 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. .... 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 qualification is .....

Signature of the candidate

Name of the scribe: .....

ID of the scribe: .....

ID number: .....

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