

PROFORMA a1

Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2022.

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 31-12-2022.

Paste 4 cmx3 cm size recent colour photograph 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: 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 31.12.2022.

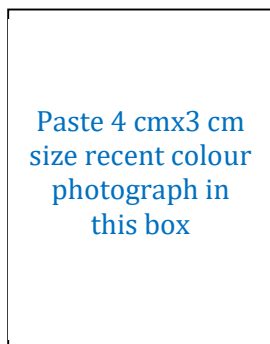
Certified that _____ son / daughter of _____ has passed the '10+2' Examination in the year ____ / will appear in the Final '10+2' Examination in 2023 from this Institution.

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 31-12-2022.



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: Photograph is to be attested by the certifying authority.

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.

Certificate regarding physical limitation in a 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- 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 Roll No. _____ at _____(name of the centre) in the District _____, _____(name of the State).

My qualification is _____.

I do hereby state that _____ (name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification _____.

In case, subsequently it is found that his 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 with Disability)

Place:

Date: