

**PROFORMA a1**

**Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2020.**

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

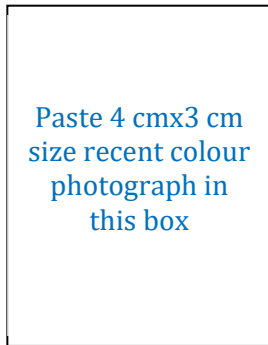
Son / daughter of \_\_\_\_\_ is a resident/permanent resident of West Bengal at Village/House No. \_\_\_\_\_

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 31-12-2020.



**(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 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 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

## 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.