

**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. 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 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.

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 Letter) \_\_\_\_\_

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 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. 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 should preserve a duplicate copy of this Certificate.*

**APPENDIX-5**

**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 is  
\_\_\_\_\_. 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: