

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 _____

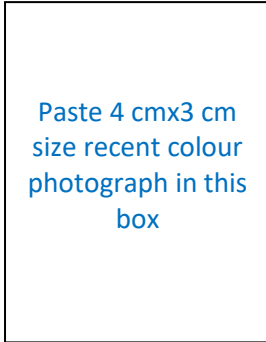
Son / daughter of _____ is a resident/permanent
resident of West Bengal at Village/House No. _____

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 a2

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

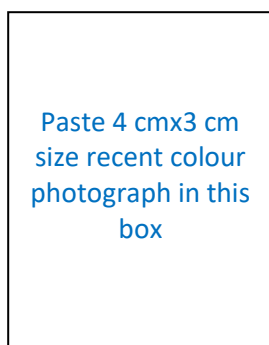
Certified that _____ son / daughter of _____ has passed the '10+2' Examination in the year _____ / will appear in the Final '10+2' Examination in 2021 from this Institution.

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 31-12-2020.



(Candidate's photograph)

Candidate's signature

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.

Proforma for Income Certificate

Certified that the TOTAL ANNUAL FAMILY INCOME FROM ALL SOURCES of
_____ GUARDIAN _____, guardian of _____ CANDIDATE _____
residing at _____ Post Office _____
Police Station _____ in the district of _____
in the state of West Bengal for the year 2020-2021 is less than Rs. 2.50 lakhs (Rupees two lakhs
and fifty thousand only) and stands at Rs. _____ (Rupees
_____).

Paste 4 cmx3 cm
size recent colour
photograph of the
candidate 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: 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

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.