

PROFORMA a1

Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2023

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 31-12-2023.

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 may preserve a duplicate copy of this Certificate as record.

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 may preserve a duplicate copy of this Certificate as record.