PROFORMA a1

Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2018

| ertified that | | | |
|--|----------------|--|--|
| on / daughter ofis a resident/perman | ent | | |
| esident of West Bengal at Village/House No | | | |
| treet | | | |
| ost OfficePolice Station | Police Station | | |
| n the District of under | | | |
| ssembly Constituency and has been living in the State of West Bengal continuous | y / | | |
| ninterruptedly at least for the last ten (10) years as on 31-12-2018. | | | |
| Paste 4 cmx3 cm Candidate's signature | 7 | | |
| size recent colour | | | |
| photograph in this box Candidate must sign here in front of the certifyin authority | g | | |
| (Candidate's photograph) | | | |
| | | | |
| ignature of Certifying Authority | | | |
| esignation with Official Seal | | | |
| ull Name of Certifying Authority | | | |
| office Address | | | |
| office Phone No Mobile No:(optional) | | | |
| O No:(optional) | | | |
| ote: 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 S | tation |
| In the District of | | |
| Under | Assen | nbly Constituency |
| Paste 4 cmx3 cm size recent colour photograph of the candidate in this box | Paste 4 cmx3 cm size recent colour | Father's/ Mother's Signature |
| | photograph of father/ mother of the candidate in this box | Candidate's Signature |
| | | Candidate must sign here in front of the certifying authority |
| (Candidate's Photograph | (Father's/ Mother's Ph | otograph) |
| Signature of Certifying Au | thority | |
| Designation with Official S | Seal | |
| Full Name of Certifying A | uthority | |
| Office Address | | |
| Office Phone No | Mobile No: | (optional) |
| ID No: | (optiona | il) |
| | to be attested by the certif | |
| The Certifying Au | thority should preserve a d | uplicate copy of this Certificate. |