

## APPENDIX - 1

**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 should preserve a duplicate copy of this Certificate.

## APPENDIX - 2

## PROFORMA a2

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

Certified that \_\_\_\_\_ son/daughter of \_\_\_\_\_ has passed the '10+2' Examination in the year \_\_\_\_\_/will appear in the Final '10+2' Examination in 2024 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 31-12-2023.

Paste 4 cmx3 cm size recent colour photograph in this box. Photo must be attested by the certifying authority

Candidate's signature

**Candidate's 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 may preserve a duplicate copy of this Certificate as record.*

**APPENDIX -3**

**PROFORMA- 2**  
for  
**Medical Fitness Certificate for**  
**ANM (R) & GNM courses**

Candidate's  
photograph,  
attested by the  
Medical Practitioner

**(A) Personal information:**

1. Candidate's name (in BLOCK letters): \_\_\_\_\_
2. Father's /Guardian's name: \_\_\_\_\_
3. Date of birth: \_\_\_\_\_
4. Present address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Permanent address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(B) History of illness:**

1. Past and present illness:
2. Family history:

**(C) Physical examination:**

1. Height:
2. Physical built:
3. Deformity:
4. Posture and gait:
5. Condition of skin and mucous membrane:
6. Teeth and gum
7. Hearing:
8. Mental alertness:
9. Blood pressure
10. Pulse and respiration
11. Urine test for Albumin and Sugar:
12. Blood test for TC, DC, ESR and Hb%:
13. Vision:                      Right eye:                      Left eye:
14. Heart:
15. Lung (X-ray chest):
16. Abdomen (Liver and Spleen)
17. Menstrual History (For female candidates):



(D) "I hereby certify that I have examined Mr./Ms. \_\_\_\_\_, a candidate for ANM(R)/GNM training course and I couldn't discover that he/she has any disease (communicable or otherwise), constitutional weakness or bodily infirmity, except \_\_\_\_\_. I do not consider this a disqualification for the said training.

According to the statement of Mr./ Ms. \_\_\_\_\_, he/ she is \_\_\_\_\_ year old and by appearance he/ she is about \_\_\_\_\_ year old".

In view of the above findings, the candidate is

a) FIT **OR**

b) Unfit on account of \_\_\_\_\_ **OR**

c) Temporarily unfit on account of \_\_\_\_\_

\_\_\_\_\_  
Full signature of the candidate with date

Place:

Date:

\_\_\_\_\_  
Signature of the Medical Practitioner

Name:

Degree:

Registration No.

Official seal: