

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

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: 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 31.12.2023.

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 31-12-2023.

Paste 4 cmx3 cm size recent colour photograph 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: Photograph is to be attested by the certifying authority.

APPENDIX -8

**Medical Fitness Certificate for
JENPAS(UG) 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: