

**PROFORMA a1**

**Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2022.**

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 31-12-2022.

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.**

**PROFORMA a2**

**Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2022**

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 31-12-2022.

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.*

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



**(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:

Proformas for certificates ANM& GNM 2023

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:

**APPENDIX -4**

**Certificate regarding physical limitation in a examinee to write**

This is to certify that, I have examined Mr/Ms/Mrs\_\_\_\_\_ (name of the candidate with disability), a person with \_\_\_\_\_ (nature and percentage of disability as mentioned in the certificate of disability), S/o/ D/o \_\_\_\_\_, a resident of \_\_\_\_\_ (Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Medical Superintendent of a Government health care institution

Name & Designation:

Name of Government Hospital/Health Care Centre with Seal:

Place:

Date:

**Note:**

Certificate should be given by a specialist of the relevant stream/disability (e.g., Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/ PMR)

**Letter of Undertaking for Using Own Scribe**

I \_\_\_\_\_, a  
candidate with \_\_\_\_\_  
(name of the disability) appearing for the \_\_\_\_\_  
(name of the examination) bearing Roll No. \_\_\_\_\_  
at \_\_\_\_\_ (name  
of the centre) in the District \_\_\_\_\_, \_\_\_\_\_ (name  
of the State). My qualification is \_\_\_\_\_.

I do hereby state that \_\_\_\_\_  
(name of the scribe) will provide the service of scribe/reader/lab assistant for the  
undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is \_\_\_\_\_.  
In case, subsequently it is found that his qualification is not as declared by the undersigned  
and is beyond my qualification, I shall forfeit my right to the admission and claims relating  
thereto.

(Signature of the candidate with Disability)

Place:

Date: