

2018 Academic Year  
 Graduate School of Medicine,  
 Kansai Medical University

Photograph card

Applicant No.	
Name / Date of birth	
Date: / / Age( )	
Preferred field of research	Medical Science Course
<p>Paste your photo here (5cm×4cm)</p> <p>Taken within three months</p> <p>Fill out your name and university on the backside</p> <p>Paste total area</p>	
Date taken( year month day)	

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 Graduate School of Medicine,  
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Examination admission card

Applicant No.	
Name / Date of birth	
Date: / / Age( )	
Preferred field of research	Medical Science Course
<ol style="list-style-type: none"> <li>Fill out every column except for the applicant No. column clearly in standard style</li> <li>Write only your applicant No. and not your name on the answer sheet.</li> <li>Keep this card on your desk during the examination.</li> </ol>	

Graduate School of Medicine,  
 Kansai Medical University

Copy for accounting

Applicant No.	
Name	
Examination fee	
Amount	¥5, 000
Date of receipt	