

Example for filling in the application card

2018 Academic Year
Graduate School of Medicine,
Kansai Medical University

Photograph card

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

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Graduate School of Medicine,
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Examination admission card

Applicant No. Blank	
Name / Date of birth	
Ichiro Kansai	
Date: ** ***, ** ** ** Age(**)	
Preferred field of research	Medical Science Course Orthopedics Surgery
1. Fill out every column except for the applicant No. column clearly in standard style 2. Write only your applicant No. and not your name on the answer sheet. 3. Keep this card on your desk during the examination.	

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Copy for accounting

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