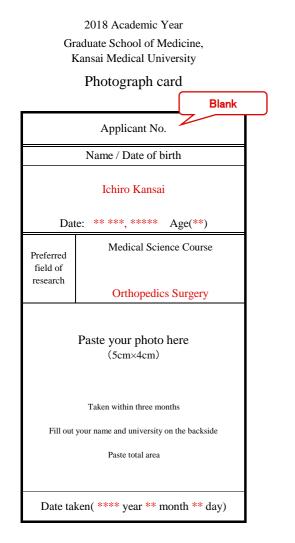
## Example for filling in the application card



	2018 Academic Year aduate School of Medicine, Kansai Medical University	
Examination admission card		
	Applicant No.	
Name / Date of birth		
Ichiro Kansai		
Date: ** ***, ***** Age(**)		
Preferred field of research	Medical Science Course	
	Orthopedics Surgery	
applicant 2. Write name on	t every column except for the t No. column clearly in standard style only your applicant No. and not your the answer sheet. his card on your desk during the tion.	

2018 Academic Year Graduate School of Medicine, Kansai Medical University Copy for accounting Blank Applicant No. Name Ichiro Kansai Examination fee ¥5, 000 Amount Date of receipt