

Example for filling in the application card

Year:2011
Graduate School of Medicine,
Kansai Medical University

Photograph card

Applicant No. Blank	
Name / Date of birth	
Ichiro Kansai	
Date: ** ***, ***** Age(**)	
1st choice	Medical Science Course/ Advanced Medicine Course
	Field Higher Level Function Control
	Subject Orthopedics
2nd choice	Medical Science Course/ Advanced Medicine Course
	Field Applied Reconstructive Medicine
	Subject Bone & Cartilage Regeneration
Paste your photo here (6cm × 5.5cm) Taken within three months, Fill out your name and university on the backside Paste total area	
Date taken(**** year ** month ** day)	

Year:2011
Graduate School of Medicine,
Kansai Medical University

Examination card

Applicant No. * Blank	
Name / Date of birth	
Ichiro Kansai	
Date: ** ***, ***** Age(**)	
1st choice	Medical Science Course/ Advanced Medicine Course
	Field Higher Level Function Control
	Subject Orthopedics
2nd choice	Medical Science Course/ Advanced Medicine Course
	Field Applied Reconstructive Medicine
	Subject Bone & Cartilage Regeneration
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. 4. If you do not have a 2nd choice, fill out "none" in the column.	

**Second Choice:
if applicable**

Year:2011
Graduate School of Medicine,
Kansai Medical University

Copy for accounting

Applicant No. * Blank	
Name	
Ichiro Kansai	
Examination fee	
Amount	¥20, 000
Date of receipt	