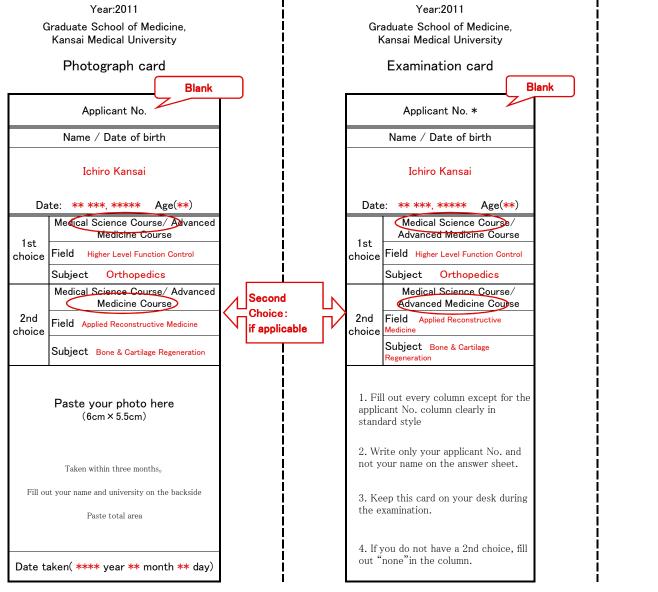
## Example for filling in the application card



## Year:2011 Graduate School of Medicine, Kansai Medical University

Copy for accounting

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