

Year: 2010
 Graduate School of Medicine,
 Kansai Medical University

Photograph card

Applicant No.	
Name / Date of birth	
Date: Age()	
1st choice	Medical Science Course/ Advanced Medicine Course
	Field
	Subject
2nd choice	Medical Science Course/ Advanced Medicine Course
	Field
	Subject
<p>Paste your photo here (6 cm×5.5 cm)</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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Examination card

Applicant No. *	
Name / Date of birth	
Date: Age()	
1st choice	Medical Science Course/ Advanced Medicine Course
	Field
	Subject
2nd choice	Medical Science Course/ Advanced Medicine Course
	Field
	Subject
<p>1. Fill out every column except for the applicant No. column clearly in standard style</p> <p>2. Write only your applicant No. and not your name on the answer sheet</p> <p>3. Keep this card on your desk during the examination.</p> <p>4. If you do not have a 2nd choice, fill out "none" to the column.</p>	

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Copy for accounting

Applicant No. *	
Name	
Examination fee	
Amount	20,000 yen
Date of receipt	