

IIMK BMS Aptitude Test (AT) 2025

Authorization to carry the listed Items

IIMK BMS Aptitude Test (AT) Candidate Details	
Name	
IIMK BMS Aptitude Test (AT) 2025 Application No.	
Exam Shift	
Exam City	
Test Centre Name	

I, _____, son/daughter of
_____, (Date of Birth _____ (DD/MM/YYYY),
do hereby sincerely request to be allowed to carry the following into the Exam Lab on May
08, 2025:

1. _____
2. _____
3. _____
4. _____

The above being requested on account of

(Mention the reason).

Signature of Candidate: _____

IIMK BMS Aptitude Test (AT) 2025

(To be filled by IIMK BMS Aptitude Test (AT) 2025 Exam Authorities)

I _____ authorize candidate _____ with
Application no. _____ to carry the above-mentioned items.

Designation: _____

Stamp:

Signature: _____