

IIMK BMS Aptitude Test (AT) 2026

Authorization to carry the listed Items

IIMK BMS Aptitude Test (AT) Candidate Details	
Name	
IIMK BMS Aptitude Test (AT) 2026 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 19, 2026:

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

The above being requested on account of

(Mention the reason).

Signature of Candidate: _____

IIMK BMS Aptitude Test (AT) 2026

(To be filled by IIMK BMS Aptitude Test (AT) 2026 Exam Authorities)

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

Designation: _____

Stamp:

Signature: _____