IIMK BMS Aptitude Test (AT) 2027

Authorization to carry the listed Items

IIMK BMS Aptitude Test (AT) Candidate Details	
Name	
IIMK BMS Aptitude Test (AT) 2027 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 **April 11, 2027**:

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

The above being requested on account of

_____

(Mention the reason).

Signature of Candidate: _____

IIMK BMS Aptitude Test (AT) 2027

(To be filled by IIMK BMS Aptitude Test (AT) 2027 Exam Authorities)

I_____authorize candidate_____with Application no._____to carry the above-mentioned items.

Designation:_____ Stamp:

Signature: _____