Form C

Application for Research Seeds

Fiscal Year 2024

To: The Dean, Institute of Tropical Medicine Nagasaki University

Date Submitted yyyy-mm-dd ( )

|  |  |
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| Applicant (PI) Name |  |
| Age, Gender | Age (See “Note”) Gender: M ･ F ･ I opt for no response |
| Affiliated Organization |  |
| Position |  |
| Contact Address | (postal code: ) |
| Telephone |  |
| NEKKEN Counterpart | Name: |
| Department: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Title |  | | | | |
| 2. Duration | (yyyy-mm-dd)　From To | | | | |
| 3. Research Organization | | | | | |
| Name | Age (See Note)  Gender | | Affiliation,Title | Role and Responsibility | Contact  (TEL･E-mail) |
| (PI) | (Age )  M･F･No resp | |  |  |  |
| (Co-investigators) | (Age )  M･F･No resp | |  |  |  |
|  | (Age )  M･F･No resp | |  |  |  |
|  | (Age )  M･F･No resp | |  |  |  |
|  | (Age )  M･F･No resp | |  |  |  |
| 4. Research Purpose | | | | | |
| 5. Research details  \*Describe how the research relates to NEKKEN. | | | | | |
| 6. Anticipated results | | | | | |
| 7. Required expenses  (Fiscal Year 2024) |  | (x 1000 JPY) | | (Details) | |
|  | (x1000 JPY) | | (Details / Items) | |
| Total | (x 1000 JPY) | |  | |

\* Max is 100,000 JPY.

\*\* If there is not enough space below, add pages as appropriate.

(Note) Please enter your age as of April 1, 2024.

Comments from NEKKEN Counterpart

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