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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