

Form B

Application Form for Collaborative Joint Research with Overseas Stations (New)

Fiscal Year 2026

Date Submitted yyyy-mm-dd ()

To: The Dean, Institute of Tropical Medicine Nagasaki University

“Font size shall be 11, and the font shall be Times New Roman.”

Applicant (PI) Name	
Age, Gender	Age (as of April 1, 2026) Gender: M / F / I opt for no response
Affiliated Organization	
Position	
Contact Address	(postal code:)
Telephone	
E-mail	
NEKKEN Counterpart	Name:
	Department:

1. Title	
2. Duration	(yyyy-mm-dd) From To * If planning a multi-year study, enter the entire planned period (maximum 3 years). * Selection screening is conducted only for the applicable fiscal year.

3. Research Organization				
	Name	Affiliation, Title	Gender	Role and Responsibility
	Contact (TEL・E-mail)	Age (as of April 1, 2026)	Nationality	
PI			Gender: M / F / I opt for no resp	
	TEL: E-mail:	Age:	Japanese / Other	
Co-I			Gender: M / F / I opt for no resp	
	TEL: E-mail:	Age:	Japanese / Other	

Co-I			Gender: M / F / I opt for no resp	
	TEL: E-mail:	Age:	Japanese / Other	
Co-I			Gender: M / F / I opt for no resp	
	TEL: E-mail:	Age:	Japanese / Other	
Co-I			Gender: M / F / I opt for no resp	
	TEL: E-mail:	Age:	Japanese / Other	
Co-I			Gender: M / F / I opt for no resp	
	TEL: E-mail:	Age:	Japanese / Other	

NEKKEN Counterpart	Department, Position	Role and Responsibility
(Corresponding NEKKEN faculty member)		

*** Sections 4–8 must fit within three pages.**

4. Research Outline

(Provide a concise description covering the contents of Sections 5–8. Within 800 words.)

5. Background of Research

*Describe academic background, origin of the idea, trends in related fields, and position of this research.

6. Research Purpose

7. Research Details

*Please clearly describe the relationship between this research and NEKKEN (the Institute of Tropical Medicine).

*For multi-year projects, describe plans for subsequent years.

<Current FY>

<Next FY>

<Third FY>

8. Anticipated Results

9. Research achievements

*Provide major research articles (from 2023–2025) for the PI and Co-investigators (excluding NEKKEN Counterparts).

*List in reverse chronological order and underline your name.

Example: Title, Authors, Journal, Volume, Pages, Year.

10. Status of research funds related to the research

- * Please be sure to specify the source of the research funds to be supplemented when part of the overall plan is implemented with the research fund.
- * Example: Name of fund, name of the institution / organization that issued the fund, the amount, and research period (including pending applications).

11.Required Expenses (Fiscal Year 2026)	Travel Expenses	(x 1000 JPY)	(Details)
	Supplies etc.	(x1000 JPY)	(Details / Items)
	Total	(x 1000 JPY)	

* In the case of research that includes overseas travel expenses (but does not use the Vietnam or Kenya Research Station), the maximum application amount is 1,000,000 yen. For other research, the maximum application amount is 500,000 yen.

* For research that includes overseas travel, at least 30% of the application amount must be for travel expenses.

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

(Note) Please enter your age as of April 1, 2025.

* Joint Research projects with NEKKEN by the principal investigator selected over the past five years

FY	Title	PI	Budget (x 1000 JPY)

The following items should be filled in only if desired.

(1) If you wish to submit a proposal together with a Research Seeds Proposal

If you wish to apply together with a Research Seeds Proposal, circle the box next to "I wish to apply together with a Research Seeds Proposal" and provide the required amount of funding (up to 100,000 yen). For details on Research Seeds Proposals, please see the Open Call Guidelines

	I wish to apply together with a Research Seeds Proposal
--	---

* Please indicate the expected expenses below.

Expenses, FY2026		(x 1000 JPY)	(Details)
		(x 1000 JPY)	(Details)
	Total	(x 1000 JPY)	

*Max is 100,000 JPY.

(2) If you wish to keep the report undisclosed for a certain period of time

Check the box "I wish to keep the report undisclosed for a certain period of time" below, and enter the period of time you wish to keep the report undisclosed (within 3 years in principle, up to 5 years) and the reason.

	I wish to keep the report undisclosed for a certain period of time
--	--

Desired period of non-disclosure (within 3 years in principle, up to 5 years) (yyyy-mm-dd) From To
Please clarify the reason to keep the report undisclosed.