

Form C

Application for Research Seeds
Fiscal Year 2025

To: The Dean, Institute of Tropical Medicine Nagasaki University

Date Submitted yyyy-mm-dd ()

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 2025)		(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, 2025.