Form D

Fiscal Year 2025

Application for Research Seminar / Career Development Initiative

To The Dean, Institute of Tropical Medicine, Nagasaki University

	Da	ate Submitted	yyyy-mm-dd ()
Applicant (PI) Name				
Age, Gender	Age	(See "Note")	Gender: M \cdot F	\cdot I opt for no response
Affiliated Organization				
Position				
Contact Address	(Postal Code	:)	
Telephone				
E-mail				
NEKKEN Counterpart	Name:			
	Department:			

1. Title					
2. Duration	(yyyy-mr	(yyyy-mm-dd) From To			
3. Outline, purpose, and contents. *Describe relationship to NEKKEN and the percentage of the grant you are applying for over the total requirement.					
4. Participants	.*Ensure to list all	the people with t	ravel expenses provided		
Name	Age (See Note) Gender	Affiliation, Title	Role and Responsibility	Travel Expense provided y/n	Contact (TEL, E-mail)
(PI)	(Age) M·F·No resp				
(Participants)	(Age) M·F·No resp				
	(Age)				
	M·F·No resp (Age)				
	M·F·No resp				

					1
	(Age)				
	$M \cdot F \cdot No resp$				
	(Age)				
	M·F·No resp				
	(Age)				
	$M \cdot F \cdot No resp$				
	(Age)				
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	(Age)				
	$M \cdot F \cdot No resp$				
	(Age)				
	$M \cdot F \cdot No resp$				
	(Age)				
	M·F·No resp				
NEKKEN Counterpart	Department, Position		Role and Responsibility		
5. Expected nur	nber of participa	nts () and presenters	()	
6. Financial Res					
			e, and duration etc of either a ement, write the fund source		

	Travel	JPY	(Details)
7. Expenses	Venue Rental	JPY	(Details)
(FY 2023) (x 1000 JPY)	Supplies	JPY	(Items and details)
	Total	JPY	

* Maximum provision is 1 million yen for the activities involving international travel, and 0.5 million for the others. ** Add sheets as required.

(Note) The age as at April 1, 2025.

*PI's Past Application: Write past 5 years' accepted applications for Research Seminar / Career Development Initiative

FY	Title	PI	Budget (x 1000 JPY)