

Number	
Date Received	

**APPLICATION FORM FOR INTERNATIONAL JOINT USAGE/RESEARCH
PROGRAM AT MRI TMDU FY2024**

1. Title of Project	
2. Project Purpose	
3. Form of Collaboration	
*Choose one from the following forms	
a) Visiting MRI and conduct proposed project using our facilities	
b) Performing proposed project through host investigator using bio-resources deposited in MRI	
c) Performing proposed project through host investigator using database deposited in MRI as a limited use	
4. Applicant Information	
Name (Last, first, middle)	Nationality
Degree	Position Title
Applicant Organization Name Address	
Mailing Address (Street, city, state, zip code)	
Tel:	FAX:
E-Mail address:	
Applicant Signature	Date:

5. Dates of proposed period of support (month, day, year)			
From July 1, 2024		Through March 31, 2025	
6. Host investigator in MRI			
Signature		Date	
7. Project members			
Name	Institution/Department	Position Title	Role
8. Estimated Costs			
*MRI will cover up to 500,000 JPY maximum			
Supplies	JPY:	Details:	
Travel Costs	JPY:	Details:	
9. Research Plan (Include current status of cooperation with MRI researchers and compliance with laws and regulations for recombinant DNA, experimental animals and human rights will be described.)			

10. Expected results and significance of the joint research

11. Facilities to be used in MRI