

Number	
Date Received	

**APPLICATION FORM FOR INTERNATIONAL JOINT USAGE/RESEARCH
PROGRAM AT MRI TMDU FY2018**

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:	
5. Dates of proposed period of support (month, day, year)	
From April 1, 2018	Through March 31, 2019

6. Official Signing for Applicant Organization

Name

Title

Address

Tel:

Fax:

E-Mail:

Signature

Date

I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the terms and conditions proposed by MRI if the program is accepted as a result of this application.

7. Host investigator in MRI

Signature

Date

8. Project members

Name	Institution/Department	Position Title	Role

9. Estimated Costs

*MRI will cover up to 400,000 JPY maximum

Supplies	JPY:	Details:
Travel Costs	JPY:	Details:

10. 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.)

11. Expected results and significance of the joint research

12. Facilities to be used in MRI