（Form 1-A）

|  |  |
| --- | --- |
| \* Date received |  |
| \* Receipt № |  |
| \* Category № |  |

Application for 2020 Joint Usage Programs

Date :

To Director, Institute of Advanced Medical Sciences (IAMS), Tokushima University

Principal Investigator

Name：

Affiliation (institution and department)：

Contact Details (Address)：

Phone：

Fax：

E-Mail：

|  |  |  |  |
| --- | --- | --- | --- |
| Joint Usage Field | 1. A-1　(2) A-2　(3)A-3　 ※Select only one category | | |
| Resarcher at IAMS |  | | |
| Title |  | | |
| Purpose |  | | |
| Research budget | Total（yen） | Breakdown　（yen） | |
| Travel expenses | Consumables |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Researchers (Researchers are eligible for budget execution.) | | | | |
| Name | Age | Affiliation | Position | Role on the project |
|  |  |  |  |  |
| Equipments to be used | |  | | |
| ※Please write the following within two pages. | | | | |
| ・Resarch Plans  ・Necessities of joint usage and expected impacts  ・Others（optional）  ※Preparation status, such as approvals for experiments using recombinant DNA and animals | | | | |