（Form 1-B’）

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

Supplementary Application for 2020 Joint Research 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：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Laboratory for Joint Research | | ※Select only one laboratory from the following:  (1)B-2 (2)B-8 (3)B-9 (4)B-11 (5)B-12 | | | |
| Researcher at IAMS | |  | | | |
| Period | | (1)2020　　(2)2020~2021　　　（choose one from (1) or (2)） | | | |
| Title | |  | | | |
| Purpose | |  | | | |
| Budget | Year | | Total（yen） | Breakdown　（yen） | |
| Travel expenses | Consumables |
| 2020 | |  |  |  |
| 2021 | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. | | | | |
| ・Research plans  ・Necessities of joint research and expected impacts  ・Achievements (up to five research papers within the last five years)  ・Others（optional）  ※Preparation status, such as approvals for experiments using recombinant DNA and animals | | | | |