（Form 1-A）

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

Application for 2024 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　(4)A-4　(4)A-5 ※Select only one category
 |
| IAMS Host Researcher |  |
| Please select one of them.　・Research Application 　　□ New　　□ Extension |
| Project Title |  |
| Project Purpose |  |
| Research budget | Breakdown（yen） |  |
| Travel expenses |
|  |

|  |
| --- |
| 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  |