（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 | | | | |