（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 |