（Form 1-B）

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

Application for 2025 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-1　(2)B-2　(3)B-3　(4)B-4　(5)B-5　(6)B-6　(7)B-7　(8)B-8　(9)B-9(10)B-10　(11)B-11　(12)B-12　(13)B-13　(14)B-14　(15)B-15　(16)B-16 |
| IAMS Host Researcher |  |
| Please select one of them.1. Research Application □ New　　□ Extension
2. Research Area □ Chronic Inflammation　　□ Others
 |
| Project Title |  |
| Project Purpose |  |
| 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. |
| ・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 |