

Example

2021 Application form for the Research Proposal
for the Beamline for Supramolecular Crystallography
(Institute for Protein Research, Osaka University)

Applicant						Date (Month/Day/Year)
Family Name:		First Name:		Middle name:	November/15/2020	
Position: Professor		*Please sign.				
Signature						
Affiliation Department of Chemistry, University						
Address 3-2 Yamadaoka, Suita-city, Osaka 565-0781, JAPAN						
Tel. +81-6-6879-4323		Fax. +81-6-6879-8590		E-mail tanpakuken-kyoten@office.osaka-u.ac.jp		
Title of the Experiment						
	Name	Date of Birth	Affiliation	Position	E-mail	
M	(including the applicant) ○○○ △△△ □□	Male /Female				
e	○○○ △△△ □□	3/Apr/1965 Male	Dept. Chemistry, ◇◇◇Univ.	Professor	tanpakuken-kyoten@office.osaka-u.ac.jp	
m	●●●●● ■■■■	10/Sep/1990 Female	☆☆☆Unit, ●●● Center	Researcher	aaabbbccc@aaa.bbb-u.ac.jp	
b	◎◎◎ ◇◇◇	21/Mar/1991 Male	Dept. Chemistry, ◇◇◇Univ.	Post-doc	dddecefff@ddd.eee.fff-u.ac.jp	
e	Family Name + First Name (+ Middle Name)					
r						
s						
Abstract (Describe the significance, purpose, features and expected results of the proposed research, including the reason why this beamline is needed for your research)						
*There is no limit of the number of the characters. If this column is not enough, please add it.						
*Please fill it out appropriately.						
*Please fill it out appropriately.						
Name of proteins, Hazards, Safety measures Bacterial and plant bete-glucosidases, No-Hazard, No-Safety concern				Requested Beamtime (number of shifts, date etc.) 2 shifts, September 2020		
A Director of affiliated Institution permits the applicant to apply for the beamtime proposal						
Name: Signature				Title: Date:		

*Please feel free to ask us if you have any questions.
Project Team of Joint Usage/Research Center, IPR, Osaka University
E-mail: tanpakuken-kyoten@office.osaka-u.ac.jp

***Please sign by the director of your affiliated institution.**