

2024 APPLICATION FORM

For International Collaborative Research with IPR, Osaka University

(1) APPLICANT

Family Name	00000	Given Name(s)	00000	00000	
Nationality	••••	Country of Residence			
Degree	PhD				
Date of Birth	Day 3 Month April Year 1972 Male/Female Male				
Affiliation	Department of Chemistry, △△△ University				
Job Title	Professor				
Postal Address	3-2 Yamadaoka, Suita-city, Osaka 565-0871, JAPAN				
E-mail	tanpakuken-kyoten@office.osaka-u.ac.jp				
Phone	+81-6-6879-4323				
Fax	+81-6-6879-8590				

(2) Period

Proposed Date of Arrival at IPR	Day	15	Month	September	Year	2024
Proposed Date of Departure from IPR	Day	5	Month	October	Year	2024
Duration		21	days			

(3) The estimated costs for the travel expenses (coach class airfare) and accommodation fees. Please note that the amount of support will be determined based on the available fund.

Airfare	300,000JPY	(150,000JPY	X	2 persons)
Accommodation fees	60,000JPY	(10,000JPY	×	$2 \text{ persons} \times 3 \text{ nights}$
Total	360,000JPY			

^{*} e. g. Airfare 150,000JPY × 2 persons, Accommodation fees 10,000JPY × 2 persons × 3 nights, Total 360,000JPY etc.

(4) Research Collaborator at IPR, Osaka University

Host PI	000 000			
Professor				
Collaborator (title)	OOO (Assistant Professor)			
Recommendation	*This section must be filled by the host PI of IPR.			
Date	Day Month Year			

(5) Accompanying Researchers *When researchers other than the applicant will also come to IPR, provide their information below.

Family Name		Given Name(s)				
Nationality	••••	Country of Residence				
Degree	Bachelor's degree					
Date of Birth	Day 10 Month September	Year 1992 N	Iale/Female	Female		
Affiliation	Department of Engineering, ♦♦♦University					
Job Title	Graduate Student					
Postal Address	3-2 Yamadaoka, Suita-city, Osaka 565-0871, JAPAN					
E-mail	tanpakuken-kyoten@office.osaka-u.ac.jp					
Phone	+81-6-6879-4323					
Fax	+81-6-6879-8590					
ccompanying	researcher 2					
Family Name		Given Name(s)				
Nationality	Country of Residence					
Degree	Bachelor's degree					
Date of Birth	Day 10 Month September	Year 1992 N	Iale/Female	Female		
Affiliation	Department of Engineering, ���Univer	sity				
Job Title	Graduate Student					
Postal Address	3-2 Yamadaoka, Suita-city, Osaka 565-0871	, JAPAN				
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Phone	+81-6-6879-4323					
Fax	+81-6-6879-8590					
Accompanying	researcher 3					
Family Name		Given Name(s)	ven Name(s)			
Nationality	Country of Residence					
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^{*}Delete/add columns depending on the number of accompanying researchers.

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6) Research Title
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7) Continuation
*() If this is a continuation of a previously awarded research proposal, please indicate by checking the
brackets below and providing detailed progress.
The title of your previous research plan(s):
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The period of your previous research:
(8) Research Plan (no more than 2 pages)
Background:
Amyloid fibril formation is considered as a critical event that leads to the pathogenesis of Alzheimer's
disease in brains and
Specific aims:
1. To elucidate molecular mechanism of by applying
2. To identify amino acid residues implicated in by using solution NMR.
3. To determine 3D structure of by X-ray crystallography.
Methods:
Role(s) of the host researcher at IPR:
•••••
Expected scientific outcome:

Research plan (continued)
Curriculum Vitae of Applicant (Starting from the last education to the present affiliation)
Education:
B.S in Chemistry O University 1990, March
PhD. Chemistry △△University 1996, March
Employment History:
Professor, O University 2003, October - Present
Associate Professor, ○○University 1996, April – 2003, September
Publications:
Grant:
Awards:
0) Curriculum Vitae of Other Researchers (Starting from the last education to the present affiliation)
companying researcher 1 Education:
B.S in Chemistry O University 1990, March
Publications:
Grant:
Awards:

^{*} Delete/add columns depending on the number of accompanying researchers.

(11) List of publications relevant to the proposed res
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*Please include "title", "authors", "Journal name", "volume", "page numbers" and "the year of publication".

(12) Signatures

Applicant

Signature	*Please fill in your signature here.			
Date	Day	Month	Year	

Director of your affiliated institution

I permit the applicant and other researcher(s) to apply for the collaborative research. *Please have it signed by the director of your affiliated institution.						
Signature:						
Name						
Title						
Date	Day	Month	Year			

Project Team of Joint Usage / Research Center, IPR, Osaka University

E-mail: tanpakuken-kyoten@office.osaka-u.ac.jp

^{*} Expand the column height when necessary.

^{*}If you have any questions, please feel free to contact us at: