

Example

## 2024 APPLICATION FORM

### For International Collaborative Research with IPR, Osaka University

#### (1) APPLICANT

Family Name	○○○○○	Given Name(s)	○○○○○
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 × 2 persons)
Accommodation fees	60,000JPY (10,000JPY × 2 persons × 3 nights)
<b>Total</b>	<b>360,000JPY</b>

\* 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 Professor	○○○ ○○○
Collaborator (title)	○○○ ○○○ (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.**

**Accompanying researcher 1**

Family Name	□□□□□	Given Name(s)	□□□□□
Nationality	●●●●●	Country of Residence	■ ■ ■ ■ ■
Degree	Bachelor's degree		
Date of Birth	Day 10	Month September	Year 1992
		Male/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		

**Accompanying researcher 2**

Family Name	□□□□□	Given Name(s)	□□□□□
Nationality	●●●●●	Country of Residence	■ ■ ■ ■ ■
Degree	Bachelor's degree		
Date of Birth	Day 10	Month September	Year 1992
		Male/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		

**Accompanying researcher 3**

Family Name	□□□□□	Given Name(s)	□□□□□
Nationality	●●●●●	Country of Residence	■ ■ ■ ■ ■
Degree	Bachelor's degree		
Date of Birth	Day 10	Month September	Year 1992
		Male/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		

**\*Delete/add columns depending on the number of accompanying researchers.**



*Research plan (continued)*

**(9) Curriculum Vitae of Applicant (Starting from the last education to the present affiliation)**

**Education:**

B.S in Chemistry ○○University 1990, March

PhD. Chemistry △△University 1996, March

**Employment History:**

Professor, ○○University 2003, October - Present

Associate Professor, ○○University 1996, April – 2003, September

**Publications:**

.....  
.....

**Grant:**

.....  
.....

**Awards:**

.....  
.....

**(10) Curriculum Vitae of Other Researchers (Starting from the last education to the present affiliation)**

**Accompanying researcher 1**

**Education:**

B.S in Chemistry ○○University 1990, March

**Publications:**

.....  
.....

**Grant:**

.....  
.....

**Awards:**

.....  
.....

\* Delete/add columns depending on the number of accompanying researchers.

**(11) List of publications relevant to the proposed research**

\*Please include “title”, “authors”, “Journal name”, “volume”, “page numbers” and “the year of publication”.

\* Expand the column height when necessary.

**(12) Signatures**

**Applicant**

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

**Director of your affiliated institution**

<p>I permit the applicant and other researcher(s) to apply for the collaborative research.</p> <p style="color: red;">*Please have it signed by the director of your affiliated institution.</p> <p style="text-align: center;">Signature:</p>	
Name	
Title	
Date	Day                      Month                      Year

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