

2024 Application Form for the Research Proposal  
for the Beamline for Supramolecular Crystallography  
(Institute for Protein Research, Osaka University)

Applicant Family Name:                      First Name:                      Middle name:			Date (Month/Day/Year)		
Position:					
Signature					
Affiliation					
Address					
Tel.		Fax.		E-mail	
Title of the Experiment					
M e m b e r s	Name	Date of Birth Male /Female	Affiliation	Position	E-mail
	(including the applicant)				
Abstract (Describe the significance, purpose, features and expected results of the proposed research, including the reason why this beamline is needed for your research) *( )If this is a continuation of a previously awarded research proposal, please indicate by checking the brackets below and providing detailed progress. [Research Progress]					
Name of proteins, hazards, safety measures				Requested Beamtime (number of shifts, date etc.)	
As the Director of the applicant's institution, I hereby permit him/her to submit the beamtime proposal.					
Name: Signature			Title:  Date:		

\*Please feel free to ask us if you have any questions.  
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