Example

2024 Application form for the Research Proposal for the Microcrystal Electron Diffraction (MicroED) (Institute for Protein Research, Osaka University)

Appli						Date (Month/Day/Year)		
F	amily Nam	e: OO	First Na	me: $\triangle\triangle\triangle$	Middle name:	November/15/2023		
P	osition:		*Please sign.			November/13/2023		
Signa	ture				*Please fill in	n the date that you made this application form.		
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Affili	ation							
De	partment of	f Chemistr	y, ���Unive	sity				
Addr	200							
		ı, Suita-cit	y, Osaka 565-078	1, JAPAN				
Tel. Fax.					E-mail			
+81-6-6879-4323 +81-6-6879-8590 Title of the				79-8590	tanpakuken-kyoten@office.osaka-u.ac.jp			
	riment							
1		me	Date of Birth	Affiliation	Position	E-mail		
M			Gender					
	(including th	e applicant)		Dept. Chemistry,	Professor	tanpakuken-kyoten@office.osaka-u.ac.jp		
e	000 Δ.		3/Apr/1967 Male	♦♦♦Univ.	Trotessor			
m				☆☆☆Unit,	Researcher	aaabbbccc@aaa.bbb-u.ac.jp		
b	•••••	••••	10/Sep/1992 Female	• • • Center				
U			21/Mar/1993	Dept. Chemistry,	Post-doc	dddeeefff@ddd.eee.fff-u.ac.jp		
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Name	of sample	s, Hazards	, Safety measures	i lease iii it	requested was	chine time (date etc.)	propriate	
*(\(\rangle \)) Please check here if the preliminary XRD are available. Poor diffraction by XRD experiment by Rigaku Synergy-S 4 samples, May 2024								
			xperiment by Kig coside derivatives		4 samples, May	y 2024		
No-S	afety conce	ern						
Depo	sition of ob	tained diff	fraction data/coor	dinates to the public	c archives			
YES	or NO (re	ason why i	if selected "NO")	
As th	ne Director	r of this a	pplicant's institu	ute, I hereby perm	it him/her to subm	nit this application document.		
Na	me:					Title:		
Signature								
			ou have any questi Research Center I	ons. PR, Osaka University				
-		_	office.osaka-u.ac.		*Plo	ease sign by the director of your affiliated insti	lution.	
						Date:		