2026 Application Form for the Research Proposal for the Structural Analysis (Institute for Protein Research, The University of Osaka)

Applica Fam Title	ily Name:	First Name: E-mail		Middle	name:	I	Date (Month/Day/Year)
Affiliation				Would you like to request travel expenses?			
Address					YES / NO Tel.		
11001000							
Preferred analysis method *Multiple selections possible		Beamline •	NMR	· Cryo-El	M · Micro	ED · Sa	mple-Specific Approach
Title of	the Experiment						
	Name		Age	Gender	Δf	filiation	Position
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*()If t below a	nd providing detailed	of a previously a	warded r		oposal, please	indicate b	y checking the brackets
Name of proteins, hazards, safety measures (MicroED only) Confirmation of sample crystallinity by X-ray					diffraction	Requested Machine time (date etc.)	
	crystal or powder): Y		ovammi,	у пу Атау	ummachiom		
Permission for data disclosure (For collaborative research, we encourage public database registration.).							
Yes / No (If No, please specify the reason:)							
Does this research involve recombinant DNA experiments? YES / NO							
As the Director of this applicant's institute, I hereby permit him/her to submit this application document.							
Additionally, I permit researchers belonging to the same research institution within the experimental organization							
to serve as research collaborators for this research project.							
Name Signa					Titl Dat		

PLEDGE

In carrying out the research project described on the previous page at the Institute for Protein Research, the University of Osaka, I hereby pledge to abide by the following terms:

[Compliance with Rules and Regulations]

I comply with the regulations of the Institute for Protein Research, the University of Osaka (hereafter referred to as "the Institute"), and the regulations of SPring-8 and other relevant laws and ordinances, and will follow the instructions given by the Institute Director for management and safety purposes.

[Safety Assurance]

For work involving hazards such as radiation work, handling of high-pressure gases and chemicals, I will conduct such work only after obtaining the necessary licenses, qualifications or permission from the respective person in charge, and will make every effort to ensure safety.

[Compensation for Damages]

- 1. If I cause damage or destruction to the facility or equipment of the Institute or SPring-8 due to willful misconduct or gross negligence, I will compensate for damages.
- 2. I will take full responsibility for handling any personal injury accidents occurring at the Institute or SPring-

[Suspension of Experiment]

If a serious accident occurs or likely to occur, or any of the above terms are violated, I will suspend the experiments immediately.

[Other]

Among the experimenters, students and research students must be covered by "Personal Accident Insurance for Students Pursuing Education and Research" provided by the Japan Educational Exchanges and Services or an equivalent or higher comprehensive insurance policy.

Principal Investigator		
Affiliation / Position:		
Name		(Signature)
Date		
	Year / Month / Date	