Example

【2026 Structural Analysis】

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

*Please fill in the date that you made this application form.

Applicant Family Name: ○○○ First Name: △△△ Middle name: □□ Title: Professor E-mail tanpakuken-kyoten@office.osaka-u.ac.jp	Date (Month/Day/Year) November/15/2025
Affiliation Department of Chemistry, ◇◇◇University	Would you like to request travel expenses? YES (circled) / NO
Address 3-2 Yamadaoka, Suita-city, Osaka 565-0781, JAPAN	Tel. +81-6-6879-4323
Preferred analysis method *Multiple selections possible	Beamline ・ NMR ・ Cryo-EM ・ MicroED (circled) ・ Sample-Specific Approach
Title of the Experiment	■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■

Members	Name (including the applicant)	Age	Gender	Affiliation	Position
	○○○ △△△ □□	45	Male	Dept. Chemistry, ◇◇◇Univ.	Professor
	●●●●● ■■■■	30	Female	☆☆☆Unit, ●●● Center	Researcher
	◎◎◎ ◇◇◇	28	Male	Dept. Chemistry, ◇◇◇Univ.	Post-doc

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.

*Please fill it out appropriately. *Please fill it out appropriately.

Name of proteins, hazards, safety measures Bacterial and plant beta-glucosidases, No-Hazard, No-Safety concern (MicroED only) Confirmation of sample crystallinity by X-ray diffraction (single-crystal or powder): YES (circled) / NO	Requested Machine time (date etc.) 2 shifts, September 2026

Permission for data disclosure (For collaborative research, we encourage public database registration.).
YES (circled) / NO (If No, please specify the reason: ______________________________)

Does this research involve recombinant DNA experiments?
YES / NO (circled)

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: Title:
Signature Date:

*Please sign by the director of your affiliated

Example

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-8.

[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: Dept. Chemistry, ◇◇◇Univ. / Professor

Name ○○○ △△△ □□ (Signature)

Date 2025/11/15
Year / Month / Date