**Application Form for “FY2022 IMSUT International Joint Research Project”**

**To: Dean, the Institute of Medical Science,**

**the University of Tokyo**

Principal Investigator

|  |  |
| --- | --- |
| Name  |  |
| Title |  |
| Institution  |  |
| Address |  |
| Country |  Zip code |
| E-mail |  |
| Tel |  | Fax |  |

IMSUT Host Researcher

|  |  |
| --- | --- |
| Name  |  |
| Division, Title |  |
| E-mail |  |
| Tel |  |

**I hereby apply for “IMSUT International Joint Research Project” as follows.**

|  |  |
| --- | --- |
| **Research Area and Topic**\*Select one of three choices | □ (1) Development of Cutting-Edge Medical Therapies□ (2) Genome/Cancer/Disease Systems Biology□ (3) Infectious Diseases and Immunology |
| **Project Title** |  |
| **Project Purpose** |  |
| **Duration** | \*For extension applicants: Fill in your entire study period.\*The duration is up until March 31, 2025, at the longest. From until Year(s) |
| **Estimated Expenses** **for FY2022 Project** | Expenses | Items |
| Travel Expenses | Expendable Supplies, etc. |
| (JPY) | (JPY) |  (JPY) |
| Details: e.g.) 4 nights (Twice) | Details: e.g.) Reagent: 100,000 JPY |
| **Estimated Expenses for FY2023 and 2024** \* If project duration extends over multiple fiscal years, estimate the expenses for each fiscal year |
| FY2023 (JPY) | FY2024 (JPY) |

|  |
| --- |
| **Project Members** \*Write all members including the IMSUT faculty staff. |
| Name | Institution/ Department | Title | Role |
|  |  |  |  |

|  |  |
| --- | --- |
| **Research Plan** | \* If project duration extends over multiple fiscal years, describe both the entire and yearly research plans.\*The research plan needs to be feasible even in the pandemic of COVID-19.  |
|

|  |
| --- |
| **Facilities to be Used** |

 |
| **Anticipated Research Results from the Project** |
|  |
| **Status of Preparation**  |
|  |
| **Grants Awarded and Papers Published Related to the Research Proposal** |
|  |