

Form 1

**Application form for “FY2013 IMSUT Joint Research Project”**

( **New Project** /  **Extension**)

\* Check the appropriate box.

受理年月日 For office use only	
管理番号 For office use only	

To: Dean, Institute of Medical Science,  
The University of Tokyo

Applicant Information

Institution	_____
Position	_____
Name	_____
Address	_____
	_____
E-mail	_____
Tel	Fax
_____	_____

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

Research Area	Joint Research Area <input type="checkbox"/> (1) Development of Cutting Edge Medical Therapies <input type="checkbox"/> (2) Disease Systems Biology <input type="checkbox"/> (3) Infectious Diseases and Immunology		
Project Title	_____		
Project Purpose	_____		
Duration	(Year) (month) (day) (Year) (month) (day) From _____ until _____		
Estimated Expenses for FY2013 Project	Expenses	Items	
		Domestic travel expenses	Expendable supplies, etc.
	JPY	JPY	
JPY	Details:	Details:	
Estimated Expenses for FY2014 and 2015 Project * If project duration extends over multiple fiscal years, estimate the expenses for each fiscal year			
FY2014 JPY	FY2015 JPY		

Project members			
Name	Institution/ Department	Position	Role
Host scientist in IMSUT			

<p><b>Research Plan</b>      * If project duration extends over multiple fiscal years, describe both the entire and yearly research plans.</p>

Facilities to be used

Anticipated research results from the project

Status of preparation

Grants awarded and papers published related to the research proposal