

(Please check this box if this proposal is for an international collaboration.)

Form 3

3-1

* Date received	YYYYMMDD
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**Institute for Chemical Research International Joint Usage/Research 2019
Proposal Application Form for Promotion of Collaborative and Multidisciplinary Research**

Principal Investigator	Name: Date of Birth (age): MM/DD/YYYY () Affiliation (institution, department, and title): Contact Details: Phone: Fax: Email:			
Research Project Title: (Japanese) (English)				
Name And Contact Information of the ICR Partner Researcher	Name: Affiliation Field at the ICR: Phone Number and Email:			
Collaborating Research Institute (Please circle the partner under the General Memorandum for Academic Cooperation and Exchange with the ICR.)				
Research Team (In the Role/Research Task column, please include if the person is a principal investigator, ICR partner researcher, or collaborating researcher.)				
Name	Affiliation	Position (Enter his/her grade for a graduate student.)	Role/Research task	Number of days visiting the ICR
Research budget (Please provide a breakdown on the last page of this application form.)				
Publications and consumables ×1,000 yen	Meetings ×1,000 yen	Travel ×1,000 yen	Total ×1,000 yen	

* for internal use

<p>Purpose of the Research (Please include the title and contents of the expected meeting or symposium, if applicable.)</p>
<p>Detailed Research Plan (Please include the title and the number of participants of the expected meeting or symposium, if applicable.)</p>
<p>Expected Outcome and Its Significance</p>
<p>Additional Information Helpful to Evaluate the Project. (Please include publications of past joint research outcomes, if any.)</p>
<p>Other Requirements (Please indicate desired facilities, equipment, or resources, if any.)</p>

Breakdown of the research budget		
Publications and consumables ($\times 1,000$ yen)	Meetings ($\times 1,000$ yen)	Travel ($\times 1,000$ yen)
Total	Total	Total