

(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 2020  
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): Address: Phone:                              Fax:                              Email:			
Research Project Title: (Japanese)  (English)				
ICR Partner Researcher	Name: Laboratory: Phone:                              Email:			
Institute for Collaboration Research (Please circle ICR partner institute with the General Memorandum for Academic Cooperation and Exchange or <i>MoU</i> .)				
Research Team (Please specify Principal investigator, ICR partner researcher, or Collaborating researcher in the <i>Assigned role</i> column below.)				
Name	Affiliation	Position (Grade for graduate student)	Assigned role /Research task	Length of stay at ICR (Days)
Research budget (Details should be mentioned on the section of <i>List of Expenses</i> .)				
Publications/Consumables ×1,000 yen	Meetings expenses ×1,000 yen	Travel expenses ×1,000 yen	Total ×1,000 yen	

\* for internal use

Research Purpose (Please include the title and outline of meeting/symposium, if applicable.)

Detailed Research Plan

(Please include the title of meeting/symposium and the approximate number of participants, if applicable.)

Expected Outcome and Impact

Additional Information helpful for project evaluation (Please describe publications of past joint-research outcomes, if any.)

Other Requirements (Please indicate any requests to use specific facilities, equipment, or resources, as well.)

List of Expenses		
Publications/Consumables (×1,000 yen)	Meetings expenses (×1,000 yen)	Travel expenses (×1,000 yen)
Total	Total	Total