**Application Forms for Joint Research Program**

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| --- | --- |
| Date of Application |  |
| Name of Principal Investigator (PI) |  |
| Date of Birth  yy/mm/dd |  |
| Affiliation |  |
| Position |  |
| Address of Affiliation |  |
| Phone |  |
| Email |  |

I would like to apply for the following program (new application・ renewal application);

1）Host researcher at IDAC：

2）Research Category : (1) (2) (3) (4) 　(5)　(6) (Select the most appropriate category)

3）Research Project(s) Title：

If this is a renewal application, indicate a project number of the original application.

4) Statement of Costs(up to 200,000 yen)

for Travel Expenses yen

for Consumables yen

If you wish to use IDAC aged mouse stock, please you check “yes”.

□ Yes □ No

5）Check either box if it is applicable for the PI.

I am a graduate student or an employee of Kakenhi and other related grant projects.

□ Yes □ No

If you check “yes”, please check either box below.

My mentor or employer has agreed to this application.

□ Yes □ No

If you check “yes”, please provide information below.

6）Name of your mentor or employer：

Affiliation ：

Email address ：

Co-investigators (Co-investigators are eligible for budget execution. IDAC researchers should not be included.)

|  |  |  |
| --- | --- | --- |
| 1 | Name of co-investigator | (Title) □Dr. / 　□Professor  (First)  (Family) |
| Affiliation | (Institution)  (Department)  (Position) |
| Address of Affiliation |  |
| Email address |  |
| 2 | Name of co-investigator | (Title) □Dr. / 　□Professor  (First)  (Family) |
| Affiliation | (Institution)  (Department)  (Position) |
| Address of Affiliation |  |
| Email address |  |
| 3 | Name of co-investigator | (Title) □Dr. / 　□Professor  (First)  (Family) |
| Affiliation | (Institution)  (Department)  (Position) |
| Address of Affiliation |  |
| Email address |  |

Please describe five points below (1.~5.) within 3 pages.

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| **1. Purpose & Plans (Please include description of IDAC member contributions to the research. If you wish to use IDAC aged mouse stock, please describe your experimental plans in detail.)** |
| **2. State of Preparations（Current status of cooperation with IDAC researchers and compliance with laws and regulations for recombinant DNA, experimental animals and human rights will be described.）** |
| **3. Expected Results and Impacts** |
| **4. Research Activities Relating to this Proposal** |

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| **5. Achievements of Previously Funded Research (only for renewal application)** |