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| DateResearch/ Travel Support | Form 1 |
| Number |  |

**Application for IMEG Joint Usage/ Research Project FY2017**

　　To Director, IMEG

Kumamoto University

　　　　　　　　　　　　　　　　　　　　　Applicant (Project Leader):

　Affiliation

　Title

　Name

　Address

〒　　　−

　TEL　　　　−（　　　）−

　FAX　　　　−（　　　）−

　Email

I hereby apply for IMEG Joint Usage/Research Project FY2017.

|  |  |
| --- | --- |
| 1. Research Area
 | * Developmental Regulation　□ Stem Cell Research　　□ Organogenesis

　　(Check one of the boxes above.)  |
| 1. Project Title
 |  |
| 1. Project Period
 | 　From DD/MM/YYYY to DD/MM/YYYY |
| 1. Project Purpose
 | Describe what you want to make clear during project period. (approx. 80 words) |
| 1. Project Members
 |
| Name | Affiliation・Title /Academic year | Role (Expected role in this project) |
|  |  |  |
| Host Scientist | Affiliation・Title | Role (Expected role in this project) |
|  |  |  |
| 1. Past Records

　　　　　　Have you ever received any support from “IMEG Joint Research Projects”? 　　□Yes　□No　　　　　　If yes, when?　　　　　　　　　Fiscal Year: 　　　　　　　　　　　　Which support?　　　　　　　　□Research/Travel Support　□Travel Support |
| 1. Research Plan (Describe clearly using charts and/or diagrams as necessary.)
 |
| 　Please answer the following questions.　※　Animal experiments?　　 □To be conducted ・　□Not to be conducted　※　Recombinant DNA?　　 □To be used　　・　　□Not to be used　※　Radioisotopes (incl. γ-ray irradiation device)? □To be used　　・　　□Not to be used　※　Approved by ethics committee required?　 □Yes　　　　 　・　　□No |
| 1. Facilities to be used
 | 　　 |
| 1. Anticipated research results from the project
 |
| 1. Expected expenses
* Up to JPY1,000,000
 | 1. Travel expenses:　　　Total. 　JPY

 Name 　　　　 :　　　　　nights,　　　　　times　　 Name 　　　　 :　　　　　nights,　　　　　times Name 　　　　 :　　　　　nights,　　　　　times\* If you are not awarded but still wish to receive travel support only (Analysis cost may be added to the support),　□ I will apply for the travel support. □ I will NOT apply for the travel support.　If I receive the travel support and perform analysis,　　□ I will NOT exceed the funding limit. □ The IMEG host scientist will cover the amount exceeding the funding limit. |
| 1. Please describe a breakdown of the costs and expenses.　Total: JPY
 |
|  | 　　　　　Breakdown | Description | No | Unit Value | Total Value |
| Expenses for consumable goods:Analysis Costs:Others: |  |  |  |
| 1. Expected research funding you will receive in FY2017.

(Funding program, sponsors, research period, total amount for FY2017, total amount for the funding period.) |
| 1. Status of preparation (including contact situation with prospective IMEG host scientist.)
 |
| 1. Scientific papers published that are related to the research proposal

Please list the article title, journal name, volume number, page numbers, and all authors. Underline the applicant name, and add an asterisk”\*” to the corresponding author’s name. |
| 1. Questionnaire: How did you learn about the IMEG Joint Usage/ Research Project?
* IMEG website　　□　Poster　　□　IMEG faculty members　□　Others (　 　)
 |

Limit: 4 pages. Do not extend the limit.