

Research/ Travel Support

Date	
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	<input type="checkbox"/> Developmental Regulation <input type="checkbox"/> Stem Cell Research <input type="checkbox"/> Organogenesis (Check one of the boxes above.)	
2. Project Title		
3. Project Period	From DD/MM/YYYY to DD/MM/YYYY	
4. Project Purpose	Describe what you want to make clear during project period. (approx. 80 words)	
5. Project Members		
Name	Affiliation · Title /Academic year	Role (Expected role in this project)
Host Scientist	Affiliation · Title	Role (Expected role in this project)

6. 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

7. 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

8. Facilities to be used

9. Anticipated research results from the project

10. 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.

2) 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:			

11. Expected research funding you will receive in FY2017.

(Funding program, sponsors, research period, total amount for FY2017, total amount for the funding period.)

12. Status of preparation (including contact situation with prospective IMEG host scientist.)

13. 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.

14. 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.