**国際先端医学研究機構　国際共同研究活動支援　申請書**

**Application form for the support of International collaborative research**

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| 申請者氏名Name |  | 職　　名Job Title |  |
| 所属部局名Affiliation |  |
| TEL |  | E-mail |  |
| 研究内容Project title |  |
| 共同研究者等Collaborative Researchers |  |
| 研究内容等の概要/Brief summary of the research or project |
|  |
| 申請経費内訳/Statement of Costs |
| 支出内容（使用別内訳）/Items | 見積額/Amount |
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| ※必要に応じて行を追加下さい。/Please add lines if needed. | 合計 |  |