**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |
|  | | | | |  |
|  | | | | |  |
|  | | | | |  |
|  | | | | |  |
|  | | | | |  |
| ※必要に応じて行を追加下さい。/Please add lines if needed. | | | | 合計 |  |