

(Please check this box if this proposal is for an international collaboration.)

Form 3

3-1

* Date received	
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* Category No.	

**Institute for Chemical Research International Joint Usage/Research 2024
Proposal Application Form for Promotion of Collaborative and Multidisciplinary Research**

Principal Investigator	Name:			
	Date of Birth (age):	YYYY / MM / DD ()		
	Affiliation (institution, department, and title):			
	Address:			
	Phone:	Fax:	Email:	
<input type="checkbox"/> New <input type="checkbox"/> Continued		<input type="checkbox"/> Approval for Security Export Control*		
Research Project Title:				
(Japanese)				
(English)				
ICR Partner Researcher	Name:			
	Laboratory:			
	Phone:	Email:		
Institute for Collaboration Research (Please circle ICR partner institute with the General Memorandum for Academic Cooperation and Exchange or <i>MoU</i> .)				
Research Team (Please specify Principal investigator, ICR partner researcher, or Collaborating researcher in the <i>Assigned role</i> column below.)				
Name	Affiliation	Position (Grade for graduate student)	Assigned role /Research task	Length of stay at ICR (Days)
Research budget (Details should be mentioned on the section of <i>List of Expenses</i> .)				
Publications/Consumables ×1,000 yen	Meetings expenses ×1,000 yen	Travel expenses ×1,000 yen	Total ×1,000 yen	

* for internal use

<p>Research Purpose (Please include the title and outline of meeting/symposium, if applicable.)</p>
<p>Detailed Research Plan (Please include the title of meeting/symposium and the approximate number of participants, if applicable.)</p>
<p>Expected Outcome and Impact</p>
<p>Additional Information helpful for project evaluation (Please describe publications of past joint-research outcomes, if any.)</p>
<p>Other Requirements (Please indicate any requests to use specific facilities, equipment, or resources, as well.)</p>

List of Expenses		
Publications/Consumables (×1,000 yen)	Meetings expenses (×1,000 yen)	Travel expenses (×1,000 yen)
Total	Total	Total