

AIDS gCOE Research Program Kumamoto University <b>Junior Research Associate Supporting          Grant Application</b>		<b>For AIDS gCOE Office use only.</b>	
		Date Received	Number
1. NAME OF APPLICANT (Last, First)			2. AGE
3a. AFFILIATION			
3b. POSITION TITTLE	3c. TELEPHONE:	3e. E-MAIL ADDRESS:	4. DOCTORAL DEGREE(S) IF YOU HAVE
			Degree:                      Conferred Date:
5. EDUCATION/ TRAINING/ EMPLOYMENT ( <i>Begin with graduate education.</i> )			
INSTITUTION/ COMPANY AND LOCATION	DEGREE/ OCCUPATION <i>(if applicable)</i>	BEGINNING AND ENDING DATE (mm/yy)	FIELD OF STUDY
6. TITLE OF RESEARCH PROPOSAL			
7. APPLICANT CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I agree to comply with the terms, conditions, and procedures of award if an award is issued as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I understand that failure to comply with these policies may result in termination of the grant. I also agree to accept responsibility for the scientific and ethical conduct of the research.			
SIGNATURE OF APPLICANT NAMED IN 1.			DATE

**Junior Research Associate  
Supporting Grant Application**

NAME OF APPLICANT (*Last, first*)

**PROJECT SUMMARY**

8. DESCRIPTION: State the application's broad, long-term objectives and specific aims. Describe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue these goals.

**Previous Results and Progress / Status of this project**

**Research Plan for this year**

**Expected Results and Accomplishments**

**Publication List of Applicant during the past three years**

Authors, Title, Journal, Volume, page numbers, year