AIDS gCOE Research Program Kumamoto University

For AIDS	gCOE	Office	use	only.
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		amoto University		Date Re	eceived	Number
		Scientist Developm				
		tigators Grant Applic	ation			
1. Applicant li						
NAME (Last, Fir	rst)					AGE
AFFILIATION						
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POSITION TITTLE	TELEPHONE:	E-MAIL ADDRESS:			OCTORALT DEGI egree:	Conferred Date:
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EDUCATION/ T	RAINING/ EMPLOYN	MENT (Begin with graduate e		.,	DECININING AND	5
INS	STITUTION/ COMPA	NY AND LOCATIOIN	DEGREE OCCUPATION		BEGINNING ANI ENDING DATE	
			(if applicab	le)	(mm/yy)	
2. PROJECT T	ITLE					
3. Internationa	al Collaborator Info	ormation				
NAME		POSITI	ON TITLE			AGE
DEPARTMENT,	SERVICE, LABORA	TORY, OR EQUIVALENT				
MAJOR SUBDI\	VISION					
Address:						
		Τ_	T=			
Telephone:		Fax:	E-Mail:			
APPLICANT CE	ERTIFICATION AND	ACCEPTANCE: I certify th	at the statements her	rein are tr	ue, complete, and	accurate to the best of my
knowledge, and	I agree to comply wit	h the terms, conditions, and dulent statements or claims r	procedures of award it	f an awar	d is issued as a re	sult of this application. I am
failure to comply	y with these policies	may result in termination of				
conduct of the re	esearch.					
SIGNATURE OF APPLICANT	+				DA	ATE
NAMED IN 1.						

*Please properly expand the columns.
4. Project Summary (maximum 300 words)
5. Preliminary results/ Preparatory Framework pertaining to this project (maximum 500 words)
6. Documentation of pre-arranged collaboration pertinent to this project (Applicant is requested to submit supporting documents showing collaboration with their respective international collaborators, including but not limited to papers, meeting abstracts, and e-mails)
7. Research Proposal (maximum 800 words)
8. Expected Results (maximum 300 words)
9. Publication List of Applicant during the past three years Authors, Title, Journal, Volume, page numbers, year
10. Publication List of Collaborator during the past three years