**RIHN SENIOR VISITING RESEARCH FELLOW APPLICATION FORM B**

**Please attach your CV.**

**1. Full name**: your name in your language

Attach a photo taken within the last 6 months

4.0 x 3.0 (cm)

(in your language) (surname) (first) (middle)

**2. Full name:** your name in English

(in English) (surname) (first) (middle)

**3. Date of birth:** yyyy/mm/dd **4. Age/Gender:**  Age (age) Gender

(As of April 1st, 2015)

**5. Nationality:** nationality **6. Your language:** your language **7. Other languages spoken:** other languages

**8. Mailing address:** \*Please write clearly and accurately as this is the address to which we will send the selection results.

Must be valid as of Dec. 2014 address

address

E-mail: e-mail Tel: tel Fax: fax

**9. Present Address:**  ← Check here if the same as the above mailing address.

address

address

E-mail: e-mail Tel: tel Fax: fax

**10. Name of organization/affiliation** name of organization/affiliation

**and present title/position:** present title/position

**11. Address of organization:** address

address

E-mail: e-mail Tel: tel Fax: fax

**12. Fields of Specialization:** fields of specialization

**13. Summary of your current research interests**

**Topic Title:** topic title

**Keywords:** **1**keyword **2** keyword **3** keyword **4** keyword **5** keyword

**Description:** Please describe in about 200 words.

**14. Please describe your anticipated role / activities at RIHN.**

**15. Proposed host researcher and reason for this choice (this item must be completed)**

**Name of host researcher:** name of host researcher

**His/her project/center:** his/her project/center

**Reason:**

**16. Please describe your relationship with the proposed host researcher and the nature of any prior contact with him/her.**

**17. Proposed Length of Stay at RIHN**

\*The research period should be within the fiscal year (FY) 2015 (1st April, 2015-31st March, 2016).

From Choose the date to Choose the date Total Month(s)

**18. How did you learn about the RIHN Visiting Research Fellow program? (Check one or more)**

RIHN publications or website

Your own institution

RIHN members

Website (website’s title)

Other (other)

*I certify that the above information is true and correct to the best of my knowledge.*

*Date* dd/mm/yyyy *Signature*