

## Application Form for 2024 Incubation Study (IS)

Date: \_\_\_\_\_

To the Director-General of the Research Institute for Humanity and Nature (RIHN)

Information about the applicant (project representative)

Name of applicant's  
institution: \_\_\_\_\_

Applicant's position: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Name in block letters

Signature

Applicant's e-mail: \_\_\_\_\_

Project Title	
Research plan	See Form 1-2 (Research Project Incubation Study Proposal)
Academic record	See Curriculum Vitae of Applicant

### Certificate of Authorization

I hereby grant my consent for the above applicant to submit a proposal for an RIHN Incubation Study, and to undertake the collaborative research for the Incubation Study should the proposal be accepted.

In addition, I have confirmed that the applicant meets the eligibility requirements described in section VII Procedures for application / 4. Eligibility of Applicants.

Date: \_\_\_\_\_

Name in block letters: \_\_\_\_\_

Signature\* \_\_\_\_\_

Position of the Head of the Institution: \_\_\_\_\_

\* We will also accept the signature of a subordinate of the person named above, provided he/she has the necessary authorization.