

Application Form for 2019 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: _____

Affix
Signature
here

Applicant's e-mail: _____

Project Title	
Research plan	See Form 1-2 (Incubation Study Plan)
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.

Date: _____

Name: _____

Affix seal here*

Position of the Head of the Institution: _____

*Must be an official seal. We will also accept the seal of a subordinate of the person named above, provided they have the necessary authorization.