Form 1-1

<!DOCTYPE HTML PUBLIC "-//W3C//DTD HTML 4.0 Transitional//EN">

**Application Form for 2020 Incubation Study (IS)**

Date:

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| 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 (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.  　　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. | |