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

**Application Form for 2023 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. | |