

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.