			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 Incuba	ation 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 1) the applicant meets the eligibility requirements described in section VII Procedures for application / 4. Eligibility of Applicants, 2) the applicant has agreed that a personnel assessment examination as a research representative will be conducted by the RIHN Personnel Committee after transition to feasibility study stage is approved, if required according to the guidelines in 2023 Call for Proposals for Incubation Studies and Feasibility Studies.			

Application Form for 2023 Incubation Study (IS)

Date:

Name in block letters: Head of the Institution:

Signature