

Control number (Office Use only)	
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# Application form for 2022 IDDS Joint Research Project

Date

To: Director, Institute of Drug Discovery Science

I hereby apply for IDDS Joint Research Project as follows.

**Applicant**

	Name		Title	
	Affiliation			
	Address			
	Tel		Fax	
	E-mail			

Project Title

Research Period

From:

To:

Research Purpose

Research Plan

Project Members			
Categories	Name	Affiliation	Title
Host Researcher		Institute of Drug Discovery Science	
Applicant			
Researcher			
Research Expenses			
Expense Categories	Description		Amount (YEN)
Domestic Travel expenses			
Consumable Supplies			
Others			
Total			



Project Members			
Categories	Name	Affiliation	Title
Host Researcher	Hidehiko Nakagawa	Institute of Drug Discovery Science	Professor
Applicant	Sakura Mizuho	Graduate School of Science, Tanabe University	Professor
Researcher	Machi Otodo	Graduate School of Science, Tanabe University	Associate Professor
	○○○ ○○	△△△ △△△	Assistant Professor
Research Expenses			
Expense Categories	Description		Amount (YEN)
Domestic Travel expenses	Tokyo – Nagoya for 3 researchers 12,000 x 2 x 3 =72,000		72,000
Consumable Supplies	Cell culture flask		23,000
Others			
Total			95,000