Control number (Office Use only)

Application form for 2020 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 From: Research Period Research Purpose Research Plan

Project Members					
Categories		Name	Affiliati	on	Title
Host Researcher			Institute of Drug Dis	covery Science	
Applicant					
Researcher					
Research Expens	es				
Expense Categori	ies	Description		Amount (YEN)	
Domestic Travel	expenses				
Consumable Sup	plies				
Others					
				Total	

Control number (Office Use only)

Application form for 2020 IDDS Joint Research Project

Date: June 25, 2020

To: Director, Institute of Drug Discovery Science

I hereby apply for IDDS Joint Research Project as follows.

Applicant						
	Name	Sakura Mizuho		Title	Professor	
	Affiliation	Graduate School of Science, Tanabe University			be University	
	Address	1234, Tanabe street, Mizuho, CA 123456, USA				
	Tel	1-301-2548 Fax 1-30		1-301-2245		
	E-mail	sakura@sci.Tanabe-u.ac.us				
Project Title	Preparation of application form					
Research Period	From: July 1, 2020					
	To: June 30, 2021					

Research Purpose

Researc	ch Plan
---------	---------

Project Members					
Categories	Name		Affiliati	Affiliation	
Host Researcher	Hidehiko Nakagawa		Institute of Drug Dis		Professor
Applicant	Sakura Mizuho		Graduate School of Science, Tanabe University		Professor
Researcher Mac		hi Otodo	Graduate School of Science, Tanabe University		Associate Professo
	00	O O O		ΔΔ	Assistant Professor
Research Expense					
Expense Categorie	es		Description		Amount (YEN)
		TORYO Nago	ya for 3 researchers 12,000 x 2 x 3 =72,00	0	72,000
Consumable Supp	olies	Cell culture fla	ask		23,000
Others					
				Total	95,000