

Control number (Office Use only)	
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Application form for 2024 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	
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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			