

Joint Research Application Form

DD/MM/YYYY

To [Name], Head of Department, Hirosaki University

Applicant Postal code:

Address:

Name: (Name; name of representative)

[seal]

I apply for the joint research as described below in compliance with the Hirosaki University Joint Research Regulations.

Details

Classification (Change the applicable <input type="checkbox"/> to <input checked="" type="checkbox"/>)	<input type="checkbox"/> Dispatching private researchers to the University and conducting research at the University (research fee: 440,000 yen × ○ people) <input type="checkbox"/> Sharing research on a research subject and conducting research at the facilities of each party				
1. Research subject					
2. Purpose and description of research					
3. Desired research period	DD/MM/YYYY - DD/MM/YYYY				
4. Researchers *:Principal researchers ©: Private joint researchers	Classifica tion	Name	Department / title	Role in this research	
	Hirosaki University (Party A)	*			
	Civil agencies etc. (Party B)	*			
5. Research site	Party A				
	Party B				
6. Equipment used at the facilities of Party A and equipment of Party B to be brought to Party A	Classifica tion	Name	Specification	Quantity	
	Party A				
	Party B				
7. Party B's contribution to the expenses for joint	Classifica tion	Direct expense	Indirect expense	Research fee	Total
	Party B	yen	yen	440,000 × ○ people =	

research		(Including consumption tax and local consumption tax of yen)	(Including consumption tax and local consumption tax of yen)	yen (Including consumption tax and local consumption tax of yen)	yen (Including consumption tax and local consumption tax of yen)
8. Term for payment of expenses	Within ○○ days from the day following the day on which the invoice is issued by the treasurer of Hirosaki University				
9. Name and attribution of basic inventions etc. in the research					
10. Special instructions					
11. Description of main business	Industry: / Capital: approx. / No. of employees: approx. people				
12. Contact information	Department: / Title: Name: TEL: / E-mail:				

I agree to the disclosure of the name of the applicant, research subject, name of principal researchers, the department they belong to, and their job titles at Hirosaki University outside the University.