|  |  |
| --- | --- |
| 整理番号Ref. No. |  |

（様式１／Format 1）

**【学際領域展開ハブ形成プログラム「健康寿命科学」／Coalition of Universities for Research Excellence Program “Expending Healthy Lifespan”】**

**令和７年度共同研究申請書／Ｊｏｉｎｔ Research Application Form for FY 2025**

日付／Date: 　2025年 月 　 日

(Month) (Day)

**金沢大学がん進展制御研究所長　殿**

**To Director General, Cancer Research Institute, Kanazawa University**

|  |  |
| --- | --- |
| 申請者／Applicant | |
| 氏名／Name |  |
| 所属／Affiliation |  |
| 分野／Division |  |
| 役職／Title |  |
| 住所／Address | 〒 |
| E-mail |  |

下記のとおり共同研究を実施したいので，申し込みます。

To conduct joint research, I would like to apply as follows:

|  |  |  |
| --- | --- | --- |
| **研究課題**  **Research Title** | **日(J)** |  |
| **英(E)** |  |
| **新規or継続**  **New or Continuation** | 新規　　　　　　　　　　　　継続  (New) (Continuation) | |
| **研究タイプ**  **Research Type** | トップダウン型　　　　ボトムアップ型　　　　文理融合型　　　　ハブ型  　 　(Top-down) (Bottom-up) (Interdisciplinary) (Hub) | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **研究組織／Research Group** | **日（Ｊ）：　所属・分野・職名・氏名**  **英（Ｅ）：　Name (Family[capital], First), Title, Division, Affiliation** | | **年齢Age** | **性別**  **Sex**  **(M/F)** | **日本人**  **(J)**  **外国人**  **(F)** | **役割分担**  **Responsibilities** |
| **[研究代表者／Principal Investigator]** | |  |  |  |  |
| **日(J)** |  |
| **英(E)** |  |
| **[研究分担者／Co-investigator]** | | | | | |
| **日(J)** |  |  |  |  |  |
| **英(E)** |  |
| **日(J)** |  |  |  |  |  |
| **英(E)** |  |
| **日(J)** |  |  |  |  |  |
| **英(E)** |  |
| **日(J)** |  |  |  |  |  |
| **英(E)** |  |
| **日(J)** |  |  |  |  |  |
| **英(E)** |  |
| **日(J)** |  |  |  |  |  |
| **英(E)** |  |
| **日(J)** |  |  |  |  |  |
| **英(E)** |  |

|  |  |
| --- | --- |
| **研究の目的と意義（400～600字程度）／Research purpose and significance (200–300 words)** | |
| **日(J)** |  |
| **英(E)** |  |
| **研究計画の概要（遺伝子組換え実験・動物実験の有無）**  **Outline of Research Plan (Genetic modification experiments, animal experiments, etc.)** | |
|  | |
| **この研究に関連する研究資金獲得状況・論文発表**  **Status of obtaining research funds and publications related to this research** | |
|  | |
| **その他要望事項／Other requirements** | |
|  | |

* 課題採択後、ＨＰに掲載するため、「日(Ｊ)」「英(E)」の記載がある項目はどちらもご記入ください。それ以外の項目は日本語・英語のどちらかでご記入ください。

Please fill in both "日(Ｊ)" and "英(E)" fields as they will be posted on the website after the adoption. All other items should be written in either English or Japanese.

（別紙１／Appendix 1）

**令和７年度　必要経費内訳書（予定）／　Necessary Expenses (plan) for FY 2025**

**１．　旅費／Travel expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **都市名**  **From/To** | **都市名**  **To/From** | **宿泊数**  **Staying nights** | **出張日数**  **Days of travel** | **概算金額（円）**  **Estimated amount (JPY)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **合計額／Total amount** | | | |  |

**２． 消耗品等費／Consumable goods, etc.**

※ 科研費の記入方法に準じて記入してください。

Please fill in the form according to the method of the Grants-in-Aid for Scientific Research.

|  |  |
| --- | --- |
| **品名／Items** | **概算金額（円）**  **Estimated amount (JPY)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **合計額／Total amount** |  |

**３． 申請額の総額／Total amount for necessary expenses （1. ＋ 2.） ：　　　　　　　　　　円／JPY**