Application Form for Acceptance for Special Inter-Institutional

Research Fellows

YYYY/MM/DD

To the Director General of National Institute for Fusion Science

President/dean of affiliated univ.

Sealing/Signature

　Since I would like to consign following candidate as Special Inter-Institutional Research Fellows, please admit that.

Details

|  |  |
| --- | --- |
| Name | (FAMILY)　　　　　　　 (First)　　　　　　　　 (Middle) |
| Date of birth, Sex | YYYY/MM/DD　（Age　）　　Male/Female |
| Current Address（Contact information） | （ZIP code　　-　　　）TEL：　　　　　　　　E-mail： |
| Affiliation | Graduate school　：Major　：Grade　： |
| Preferred Research Unit at NIFS |  |
| Name and Position ofthe tutor at affiliated univ. |  |
| Preferred Term at NIFS | From　YYYY/MM/DD　to　YYYY/MM/DD |
| Research theme at NIFS |  |
| Preferred tutor at NIFS |  |

[Notes]

\*Fill in information as of April in the academic year.

\*\* Please attach the Form 4. If you are in the process of having an insurance, please attach the documents you can prove the detail of the accidental and liability insurance. The insurance should cover the following points.

　　・Compensation for injury accident during research term at NIFS

　　・Compensation for personal injury or damaging facilities at NIFS

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| Following column is for person in charge.　　　　　　　　　　 　　　　 Tutor at NIFS’s sealing |