

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 Division at NIFS			
Name and Position of the tutor at affiliated univ.			
Preferred Term at NIFS	From YYYY/MM/DD to YYYY/MM/DD		
Research theme at NIFS			
Preferred tutor at NIFS			
Research Ethics Education (APRIN)	YYYY/MM/DD <input type="checkbox"/> attended <input type="checkbox"/> scheduled to attend		

[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

Following column is for person in charge.

Tutor at NIFS's sealing

