2015 Cooperative Research Project

at
Research Institute of Electronics, Shizuoka University

Application Form

To: Director, Research Institute of Electronics, Shizuoka University

Applicant (Project Leader)
Affiliation:
Job title:
Name:
Signature:
Address:
Zip code:
Country:
Phone:
Fax:
E-mail:

Here I apply to the Cooperative Research Project based on the execution plan in Exhibit.

It is not necessary to fill in the fields marked by *
Cooperative Research Project Execution Plan

1. Research subject:  (1) Project on the fluorescence life-time imaging  
                      (2) Project on the imaging based on single photon detection  
                      (3) Project on the high energy-resolution X-ray / Gamma-ray imaging  
                      (4) Project on the application for imaging devices  
                      [circle one of (1)–(4)]

2. Title of research  (English)

     *(Japanese)*

3. Research period  _____ / ___ / ___ ~ _____ / ___ / ___ (yyyy / mm / dd)

4. Research group  

   Leader: Name ______________ Affiliation ____________________ ___ Title __________  

   Participants: (see Detailed statement 1)  

   Contact researcher in Research Institute of Electronics: _________________________

5. Operational expenses:  (1) Total travel expenses  _______________ Japanese Yen  
                           (see Detailed statement 1)  

                           (2) Total meeting expenses  _______________ Japanese Yen  
                           (see Detailed statement 2)  

                           (3) Total supplies expenses  _______________ Japanese Yen  
                           (see Detailed statement 3)

6. New / continued status:  New / Continued  (circle New or Continued)

7. Purpose of research
8. Research plan and content

9. Expected results

It is not necessary to fill in the field marked by *