Center for Living Systems Information Science (CeLiSIS), Graduate School of Biostudies

2025 CeLiSIS Collaborative Research Promotion Fund Application Form

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| **Principal Investigator（Applicant）** | |
| 1 | Research Field：  Name：  Affilication：  Title / Year (if student)：  Date of PhD Conferment(or indicate if currently enrolled in graduate school)：  E-mail： |
| **Intramural Collaborative Researcher** | |
| 2 | Research field：：  Name：  Affilication：  Title / Year (if student)：  Date of PhD Conferment (or indicate if currently enrolled in graduate school)：  E-mail： |
| **Duration and Expenses of The Collaborative Research** | |
| Total amount of collaborative research expenses（The Maximum amount per team : 600,000 JPY）  　Representative researcher xxxxxxxxyen  　Intramural collaborate researcher　 xxxxxxxxyen  Total 　 xxxxxxxxyen  Planned Use of Collaborative Research Funds (Team Total)  Equipment 　 xxxxxxxyen  Consumables xxxxxxxyen  Business trip xxxxxxxyen  Personnel / Honorariumxxxxxxxyen  　 Other（e.g.,publication fees） xxxxxxxyen | |
| **Request after adoption** | |
| If your proposal is accepted, please confirm your agreement to the following by checking the box below:  •Presentations at CeLiSIS seminars  •Reports of the collaborative research  　I agree to the above terms. | |

**Research Plan**

Please divide your research plan into two sections: “Summary” and “Purpose and Direction.”  
You may adjust the space allocated to each section (including figures) as long as the total length does not exceed two pages.

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| **The Title of Collaborative Research Projject** |
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| **Summary** |
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| **Purpose and Direction** |
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