



Application Form for
Asia Biomass Energy Researchers Invitation Program 2009

I would like to apply for the Asian Biomass Energy Researchers Invitation Program under the sponsorship of Asia Biomass Energy Cooperation Promotion Office in New Energy Foundation (NEF).

3 photographs of the nominee's (taken within the last three months: Size 3cmx4cm)
- one of them: put here
- others: enclose

JPEG file may be submitted in e-mail instead of the enclosed photographs original.

1. Selection of Research Project

(Check one Block)

- Biofuel Production**
- Quality Control and Standardization**
- LCA**
- Applicant Option**

For the Applicant Option, fill it out in proposal form of research subject.

2. Period of Research

Period	<input type="checkbox"/> 3 Months	<input type="checkbox"/> 4 Months	<input type="checkbox"/> Other(Months)
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3. Information about the Nominee

1) Nominee (as in the passport)

Full Name	
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First Name	
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Family Name	
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Nationality	
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Sex	() Male	() Female
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Date of Birth	Date	Month *	Year

* Please write out the month in English as in "May"

Age	
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2) Present Position

Organization and URL	URL:
Department / Division	
Present Position / Title	
Date of Employment	

3) Type of Organization

(Please attach an introduction brochure of your Organization)

<input type="checkbox"/> National Governmental	<input type="checkbox"/> Local Governmental	<input type="checkbox"/> Public Enterprise
<input type="checkbox"/> Private (profit)	<input type="checkbox"/> NGO/Private (Non-profit)	<input type="checkbox"/> University
<input type="checkbox"/> Other ()		

4) Outline of duties: Describe your current duties

5) Contact Information

Office	Address:	
	TEL:	Mobile (Cell Phone):
	FAX:	E-mail:
Home	Address:	
	TEL:	Mobile (Cell Phone):
	FAX:	E-mail:
Contact person in emergency	Name:	
	Relationship to you:	
	Address:	
	TEL:	Mobile (Cell Phone):
	FAX:	E-mail:

6) Name of international airport nearest your home.

4. Career Record

1) Job Record (After graduation)

Organization	City/ Country	Period		Position or Title	Brief Job Description
		From Month/Year	To Month/Year		



2) Major Works (awards, work accomplishments, papers, and publications)

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3) Educational Record (Higher Education)

Institution	City/ Country	Period		Degree obtained	Major
		From Month/Year	To Month/Year		

5. Language Proficiency

(Evaluate in Excellent, Good, Fair and Poor)

English	
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Japanese	
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6. Declaration (to be signed by the Applicant)

I certify that the statements I made in this form are true and correct to the best of my knowledge.

If accepted for the program, I agree:

- (a) to carry out such instructions and abide by such conditions as may be stipulated by both the sending organization and Japanese accepting organizations,
- (b) to follow the program, and abide by the rules of the institution or establishment that implements the program,
- (c) to refrain from engaging in political activity or any form of employment for profit or gain,
- (d) to return to my home country at the end of the activities in Japan on the designated flight schedule arranged by Asia Biomass Energy Promotion Office in NEF,
- (e) to discontinue the program if Asia Biomass Energy Promotion Office in NEF and the sending organization agree on any reason for such discontinuation and not to claim any cost or damage due to the said discontinuation,
- (f) to consent to waive exercise of my copyright holder's rights for documents or products that are



produced during the research activity of this program, against duplication and/or translation by inviting organization, Asia Biomass Energy Promotion Office in NEF and accepting organization, ABERC in National Institute of Advanced Industrial Science and Technology (AIST), as long as they are used for the purposes of the program.

Date:	Signature:
	Print Name:

7. Confirmation by the Principal of Belonging Organization.

I certify that the nominee has been enrolled in our organization as the position described in 2.2) present position. I have examined the documents in this form and found them true. Accordingly I agree to dispatch this applicant to the program and keep support on behalf of our organization.

Date:		Signature:	
Name:		Official Stamp	
Designation / Position			
Department / Division			
Organization			



MEDICAL HISTORY AND EXAMINATION

1. Present Status

(a) Do you currently use any drugs for the treatment of a medical condition? (Give name & dosage.)

<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of Medication (_____), Quantity (_____)
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(b) Are you pregnant?

<input type="checkbox"/> No	<input type="checkbox"/> Yes (_____ months)
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(c) Are you allergic to any medication or food?

<input type="checkbox"/> No	<input type="checkbox"/> Yes >>>	<input type="checkbox"/> Medication	<input type="checkbox"/> Food	<input type="checkbox"/> Other:
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(d) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.

(_____)
<i>Note: Disability does not lead to exclusion of persons with disability from the program. However, upon the situation, you may be directly inquired by the NEF official in charge for a more detailed account of your condition.</i>

2. Medical History

(a) Have you had any significant or serious illness? (If hospitalized, give place & dates.)

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Name of illness (_____), Place & dates (_____)
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Present Condition (_____)

(b) Have you ever been a patient in a mental hospital or been treated by a psychiatrist?

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Name of illness (_____), Place & dates (_____)
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Present Condition (_____)

(c) High blood pressure

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Present Condition (_____) mm/Hg to (_____) mm/Hg

(d) Diabetes (sugar in the urine)

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes>>Present Condition (_____)
		Are you taking any medicine or insulin? <input type="checkbox"/> No <input type="checkbox"/> Yes

(e) Past History: Which illness(es) have you had previously?

<input type="checkbox"/> Stomach and Intestinal Disorder	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Thyroid Problem	
<input type="checkbox"/> Infectious Disease >>> Specify name of illness (_____)			
<input type="checkbox"/> Other >>> Specify (_____)			

(e') Has this disease been cured?

<input type="checkbox"/> Yes	<input type="checkbox"/> No (Specify name of illness)
Present Condition: (_____)	

I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.

I understand and accept that medical conditions resulting from an undisclosed pre-existing condition may not be financially compensated by Asia Biomass Energy Promotion Office in NEF and may result in termination of the program.

Date:	Signature:
	Print Name:



Research Subject (for Applicant Option only)

1. Research Title

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2. Purpose of Research

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3. Research Subject and Contents

Subject	Contents

4. Period of Research

Period	<input type="checkbox"/> 3 Months	<input type="checkbox"/> 4 Months	<input type="checkbox"/> Other(Months)
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5. Proposed Research Institution (if any)

Organization	URL:
Department / Division	
Contact person	Name: TEL: E-mail: