



**2) Present Position**

Organization	Name:
	URL:
Department / Division	
Position / Title	
Date of Employment	

**3) Type of 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 or institution**

### 3. 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)

**Note: For papers, select up to several ones from your recent years work.**

#### 3) Educational Record (Higher Education)

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

#### 4. Language Proficiency

(Evaluate in Excellent, Good, Fair and Poor)

<b>English</b>	
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<b>Japanese</b>	
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#### 5. 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, ABECORE in National Institute of Advanced Industrial Science and Technology (AIST) or other research institution, as long as they are used for the purposes of the program,
- (g) to submit a research report to NEF by the end of research period of the program.

Signature		Date	
Print Name			

**6. Confirmation by the Principal of Belonging Organization.**

I certify that the applicant has been enrolled in our organization as the position described in 2.2) present position and I recommend this applicant to the program. 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. And our organization shall indemnify NEF if the invited researcher damages on facilities and other properties of host institution due to the occurrence of willful misconduct or gross negligence.

Signature		Date	
Print Name			
Position / Title			
Division / Department			Official Stamp
Organization			
Address			

## Annex 1 Research Proposal

### 1. Research Title

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### 2. Purpose of Research

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### 3. Research Subject and Contents

Subject	Contents

#### 4. Proposed Host Institution

Organization / Institution	Name:
	URL:
Department / Division	Name:
	URL:
Host Researcher (Professor, Manager, etc.)	Name: TEL: E-mail:
Relation to the Host	<input type="checkbox"/> obtained informal consent <input type="checkbox"/> Acquaintance <input type="checkbox"/> None

**In case of host institution outside of Japan, the following Japanese institution agrees to be responsible for my research implementation in the invitation program.**

Organization / Institution	
Department / Division	
Person responsible (Professor, Manager, etc.)	Name: TEL: E-mail:

#### 5. Scheme for Practical Utilization (Only for Practical Utilization/Industrialization)

##### 1) Structure

<b>Organization / Institution responsible</b>	
Organization / Institution	
Department / Division	
Coordinator / Leader (Director, Manager, Professor, etc.)	Name: TEL: E-mail:
<b>Organizations / Institutions to work together</b>	
Name/Division/Leader (In Japan)	
Name/Division/Leader (Outside of Japan)	

**2) Outline**

Idea or Plan of Practical Utilization /Industrialization	Biomass material: _____ (Country: _____ )  Biofuel/Product: _____  Technologies (superior to the present technology): _____  Appeal points: _____
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**3) Relation to Asia Biomass Energy Researchers Invitation Program**

<input type="checkbox"/> <b>Related Program</b>	
Program	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010
Host Institution	<input type="checkbox"/> AIST <input type="checkbox"/> Other ( _____ )
Related Invited Researchers' Name	_____
<input type="checkbox"/> <b>Non relation to the past program</b>	

## Annex 2 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.

Signature		Date	
Print Name			