**Application for Entrusted Research**

Date : Month Day, Year

**T**o : **Dean of Institute** of 　　　, The University of Tokyo

**From:** Company Name:

Address:

Authorized Representative: Signed by:

Name in print:

Title:

As an authorized representative in Company, we request University to accept the following Entrusted Research listed hereunder, and we will follow the regulation of Entrusted Research on the University of Tokyo:

**Proposed Particulars**

|  |  |
| --- | --- |
| 1.　Research Title: |  |
| 2. Overview of Proposed Research: | (Research Purpose :)(Research Description :) |
| 3.　Payment for Research Expenses:　（Incl. Consumer Tax.） | Direct Cost | Yen or Dollar　　　　　　　　　　　　　　　　　　 |
| Indirect Cost | Yen or Dollar　　　　　　　　　　　　　　　 |
| Grand Total | Yen or Dollar　　　　　　　　　　　　　　　 |
| 4. Proposed Principle Researcher in the University: | Name: Prof. Department:  |
| 5. Research Period: | From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. Proposals for research material and devices.  |  |
| 7. Proposed Budget for multiple year contract （Estimation） | First Year (2014) | Second Year(2015) | Third Year(2016) | If, following years |
| Yen  | Yen  | Yen  | Yen  |
| 8. Others (If any) |  |

 Information for Notice to your Company

 Representative

|  |  |
| --- | --- |
| Name of Organization |  |
| Address  |  |
| Title |  |
| Responsible person |  |
| Tel |  |

 Charged person

|  |  |
| --- | --- |
| Name |  |
| Department or Section  |  |
| Official address to your company |  |
| Correspondence | Tel |  |
| Fax |  |
| E-mail |  |
| Remarks |  |