**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 | |  |