



EUROPEAN COMMISSION
RESEARCH DIRECTORATES
INTERNATIONAL CO-OPERATION
FELLOWSHIPS TO JAPAN FOR
COMMUNITY RESEARCHERS

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For guidelines see relevant "Guide for Proposers"

**Proposal submission form
for financial support from the EC:**

**INTERNATIONAL CO-OPERATION FELLOWSHIPS
TO JAPAN FOR COMMUNITY RESEARCHERS**

**EACH APPLICANT MUST RETURN COMPLETED ADMINISTRATIVE SECTION A
AND THE PROJECT DESCRIPTION SECTION B**

If possible, these forms should be prepared using the Proposal Preparation Tool (ProTool), which is available via the Commission Internet site <http://www.cordis.lu/fp5>, by E-mail or on CD-ROM. Use of the Proposal Preparation Tool is preferred by the Commission. However applicants may also use the forms in the Guide for Proposers. Using the ProTool, forms may be submitted electronically, or printed out and returned on paper.

General Information

Applicant Name ¹Call Identifier ²

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POST STAMP :

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RECEPTION DATE :

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International Co-operation Fellowships to Japan – Form A1



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Applicant Name ¹

A1. GENERAL INFORMATION ON THE APPLICANT (TO BE COMPLETED BY THE APPLICANT)

Applicant Identification

Title (Dr, Prof., ...)				Gender ³	F		M
Current Family Name							
First Name							
Birth Family Name (if different)							
Date of birth (DD/MM/YYYY)				Country code ⁴ of birth			
Town/City of birth							
Marital Status (Yes/No)			Number of dependants (spouse, children)				
Nationality Code ⁴			Nationality Name ⁴				

Address for correspondence

PO Box ⁵							
Street Name and Number							
Post Code ⁶				Cedex ⁷			
Town/City							
Country Code ⁴			Country Name ⁴				
Telephone No ⁸				Fax No ⁸			
E-mail							

Permanent Address (if different)

PO Box ⁵							
Street Name and Number							
Post Code ⁶				Cedex ⁷			
Town/City							
Country Code ⁴			Country Name ⁴				
Telephone No ⁸				Fax No ⁸			
E-mail							

Qualifications ⁹

University (pre-doctoral)	Date of award (DD/MM/YYYY)	
Doctorate	Date or expected date of award (DD/MM/YYYY)	
Other post-university qualifications Specify	Date or expected date of award (DD/MM/YYYY)	

Languages spoken ¹⁰

Languages spoken			
Level ¹¹			
Knowledge of Japanese	none <input type="checkbox"/>	basic <input type="checkbox"/>	good <input type="checkbox"/>

International Co-operation Fellowships to Japan – Form A2



EUROPEAN COMMISSION
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FELLOWSHIPS TO JAPAN FOR
COMMUNITY RESEARCHERS

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Applicant Name ¹			
Present position ¹²			
Status			
Research Field			
Since			
Number of year of research experience ¹³			
Envisaged research in Japan			
Short summary of your project (3 lines maximum)			
Proposed Host Institution in Japan			
Organisation Name			
Town / City			
Scientist in charge in the Host Institution			
Title (Dr, Prof., ...)	Gender ³	F	M
Family Name			
First Name			
Job title / Position			
References			
Title (Dr, Prof., ...)	Gender ³	F	M
Family Name			
First Name			
Job title / Position			
Title (Dr, Prof., ...)	Gender ³	F	M
Family Name			
First Name			
Job title / Position			
Previous contracts			
Have you held a Community Fellowship before? (Put a cross)	Y	N	
If yes, please give details of the contract : the contract period (DD/MM/YYYY) and the contract number			
Contract period	From	To	Contract No
Declaration			
I the undersigned, declare that I have read and accept the rules governing Fellowships to Japan for Community Researchers. I understand that if I am selected for a fellowship, my project details may be published by the Commission, including on its Internet sites. I certify that the information submitted for this proposal is accurate and complete. I understand that any false declaration or incomplete information may lead to the rejection of my proposal or termination of the fellowship.			
DATE OF SIGNATURE			
SIGNATURE OF APPLICANT			