(Date submitted)：　(Day) / (Month) / (Year)

\*Note: Application form should be filled in English, as one joint application **will be reviewed by both NINS and DAAD.**

**\*When necessary, you can increase the number of lines accordingly for each section.**

|  |
| --- |
| Title of Research Project |
|   |
| Duration of Joint Research Project |
| 2023/04/01 – 2025/03/31 |
| Principal Researcher at NINS |
| Applicant (Principal Researcher):Organization/Department:Title:Contact information (Tel/E-mail): |
| German Principal Researcher |
| Applicant (Principal Researcher):Name of Institution:Organization/Department:Title:Contact information (Tel/E-mail): |
| Number of Participants |
| NINS participants：　　 ( Number of participants)　　　German participants：　　(Number of participants)　　　　 |
| Members of NINS Team (other than NINS Principal Researcher) |
|

|  |  |  |  |
| --- | --- | --- | --- |
| # | Name | Title | Organization/ Department |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

\*Example for title: Professor, PhD Candidate etc. |
| Members of German Team (other than German Principal Researcher) |
|

|  |  |  |  |
| --- | --- | --- | --- |
| # | Name | Title | Organization/ Department |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

\*Example for title: Professor, PhD Candidate etc. |
| Plan of Visits (NINS Members to Germany) |
| For 2023:

|  |
| --- |
| Visiting schedule: 20xx/xx/xx – 20xx/xx/xx |
| Delegation members: Prof. XXXX, Dr. XXXX (\*\* persons) |

|  |
| --- |
| Visiting schedule: 20xx/xx/xx – 20xx/xx/xx |
| Delegation members: Prof. XXXX, Dr. XXXX (\*\* persons) |

 |
| For 2024:

|  |
| --- |
| Visiting schedule: 20xx/xx/xx – 20xx/xx/xx |
| Delegation members: Prof. XXXX, Dr. XXXX (\*\* persons) |

|  |
| --- |
| Visiting schedule: 20xx/xx/xx – 20xx/xx/xx |
| Delegation members: Prof. XXXX, Dr. XXXX (\*\* persons) |

 |
| Plan of Visits (German Members to Japan) |
| For 2023:

|  |
| --- |
| Visiting schedule: 20xx/xx/xx – 20xx/xx/xx |
| Delegation members: Prof. XXXX, Dr. XXXX (\*\* persons) |

|  |
| --- |
| Visiting schedule: 20xx/xx/xx – 20xx/xx/xx |
| Delegation members: Prof. XXXX, Dr. XXXX (\*\* persons) |

 |
| For 2024:

|  |
| --- |
| Visiting schedule: 20xx/xx/xx – 20xx/xx/xx |
| Delegation members: Prof. XXXX, Dr. XXXX (\*\* persons) |

|  |
| --- |
| Visiting schedule: 20xx/xx/xx – 20xx/xx/xx |
| Delegation members: Prof. XXXX, Dr. XXXX (\*\* persons) |

 |
| Plan of Expenses (NINS Members to Germany)　\*all amounts are in Japanese yen |
| For 2023:

|  |  |  |  |
| --- | --- | --- | --- |
| Travel cost | Accommodation | Daily allowance | Total |
|  |  |  |  |

\*Auxiliary costs: \*\*\*\*\*\*\*\*\*\*\*\* (JPY)　(Details:　)TOTAL expense for 2023:　\*\*\*\*\*\*\*\*\*\*\*\* (JPY) |
| For 2024:

|  |  |  |  |
| --- | --- | --- | --- |
| Travel cost | Accommodation | Daily allowance | Total |
|  |  |  |  |

\*Auxiliary costs: \*\*\*\*\*\*\*\*\*\*\*\* (JPY)　(Details:　)TOTAL expense for 2024:　\*\*\*\*\*\*\*\*\*\*\*\* (JPY) |
| **TOTAL expense:　\*\*\*\*\*\*\*\*\*\*\*\* (JPY)** |

\*The auxiliary costs necessary for conducting the program should be less than 10% of the total budget of the program.