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

\*Note: The 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 |
| 2025/04/01 – 2027/03/31 |
| 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 the German Team (other than the 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 2025:   |  | | --- | | 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 2026:   |  | | --- | | 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 2025:   |  | | --- | | 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 2026:   |  | | --- | | 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 2025:   |  |  |  |  | | --- | --- | --- | --- | | Travel cost | Accommodation | Daily allowance | Total | |  |  |  |  |   \*Auxiliary costs: \*\*\*\*\*\*\*\*\*\*\*\* (JPY)  　(Details:　)  TOTAL expense for 2025:　\*\*\*\*\*\*\*\*\*\*\*\* (JPY) |
| For 2026:   |  |  |  |  | | --- | --- | --- | --- | | Travel cost | Accommodation | Daily allowance | Total | |  |  |  |  |   \*Auxiliary costs: \*\*\*\*\*\*\*\*\*\*\*\* (JPY)  　(Details:　)  TOTAL expense for 2026:　\*\*\*\*\*\*\*\*\*\*\*\* (JPY) |
| **TOTAL expense:　\*\*\*\*\*\*\*\*\*\*\*\* (JPY)** |

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