

**APPLICATION FOR FELLOWSHIP**

To Chairman of the Board of Trustees  
Takeda Science Foundation

**1. Data on Applicant**

Age/Sex: \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_  
(Family Name) (First Name) (Middle Name)

Date and Place (city) of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Postal Code)

Name of Hosp., Univ. etc.: \_\_\_\_\_

Section & Position: \_\_\_\_\_

Office Address  
(Postal Code): \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**2. Outline of the Study in Japan:** \_\_\_\_\_

**3. Period of Study:** \_\_\_\_\_ months from (M) (Y) to (M) (Y)

**4. Research Institute in Japan:**

Name: \_\_\_\_\_

Place/Tel/Fax: \_\_\_\_\_

Mentor's Name & E-mail: \_\_\_\_\_

**JOINT SURETIES:**

Name/Date of Birth: \_\_\_\_\_

Occupation : \_\_\_\_\_

Present Address: \_\_\_\_\_

Relationship with Applicant: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Name/Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present Address: \_\_\_\_\_

Relationship with Applicant: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Additional Information for APPLICATION**

I) Followings are Supplemental Information, in case the space of Page 1 is not enough.

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II. Questions from Takeda Science Foundation (TSF)  
(These answers do not affect the selection judgement. They are just for information to be used in the Application for Certificate of Eligibility, if required.)

- 1. Marital Status: Married / Single
- 2. Passport: I have (please attach copy) / I don't have (at the moment )  
Number: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_  
Issuing Authority: \_\_\_\_\_
- 3. Past Entry into/Stay in Japan: Yes / No Time(s): \_\_\_\_\_  
Last Entry: From (Y/M/D) to (Y/M/D) \_\_\_\_\_
- 4. Accompanying Person: Yes / No (If any, please submit by separate paper the following information: Relationship, Name, Date of birth, Nationality, Residing with applicant or not, Place of employment, Status of residence.)
- 5. Family, Relatives or Co-residents in Japan: Yes / No (If any, please submit the same information requested in above 4.)
- 6. Criminal Record (in Japan or overseas): Yes / No  
Yes (Details: \_\_\_\_\_)
- 7. Place (city) to apply for Visa: \_\_\_\_\_
- 8. Int'l Airport where to depart from: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

To Chairman of the Board of Trustees  
Takeda Science Foundation

**Statement of the Physician who examined the Applicant:**

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physical conditions of the patient are diagnosed as follow:

Name of Patient: \_\_\_\_\_, Sex: Male or Female

Date of Birth: \_\_\_\_\_, Age: \_\_\_\_\_

Medical History:

Family's Health: Father: \_\_\_\_\_, Mother: \_\_\_\_\_, Brother: \_\_\_\_\_

Sister: \_\_\_\_\_, Wife (Husband): \_\_\_\_\_, Children: \_\_\_\_\_

Height: \_\_\_\_\_ cm., Visual Acuity: Left: \_\_\_\_\_, Right: \_\_\_\_\_

Weight: \_\_\_\_\_ Kg., Hearing Acuity: Left: \_\_\_\_\_, Right: \_\_\_\_\_

Chest Measurement: \_\_\_\_\_ cm., Color Sense: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Blood Test: RBC: \_\_\_\_\_, WBC: \_\_\_\_\_, Hct: \_\_\_\_\_

Systolic \_\_\_\_\_ mmHg. Hb: \_\_\_\_\_, Platelet: \_\_\_\_\_

Diastolic \_\_\_\_\_ mmHg. GOT: \_\_\_\_\_, GPT: \_\_\_\_\_,  $\gamma$ -GPT: \_\_\_\_\_

X-Ray filming of the Chest: Done on (Date): \_\_\_\_\_, Film No.: \_\_\_\_\_

Findings: \_\_\_\_\_

Physical Diagnosis: Done on (Date): \_\_\_\_\_, Temperature: \_\_\_\_\_ C

Physique: \_\_\_\_\_, Nutrition: \_\_\_\_\_

Findings: \_\_\_\_\_

Other Tests: \_\_\_\_\_

Examination of Urine: Albumin: \_\_\_\_\_, Sugar: \_\_\_\_\_, Urobilinogen: \_\_\_\_\_

Evaluation(General): \_\_\_\_\_

\_\_\_\_\_

Evaluation (SARS): \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_

\_\_\_\_\_

(For use by the Foundation)

Decision on Acceptability:

Photo

(40 x 30 mm)

CURRICULUM VITAE

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone/Fax Nos. \_\_\_\_\_

E-mail: \_\_\_\_\_

1. Educational History (From High School)

<u>Period (Month/Year)</u>	<u>School's Name</u>	<u>Place (City)</u>
From: _____ To: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Occupational History (including Research Activity)

<u>Period (Month/Year)</u>	<u>Institution's Name &amp; Position</u>	<u>Place (City)</u>
From _____ To: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Conferred Degree:

<u>Degree</u>	<u>Year</u>	<u>Conferred by</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4: Visit to Japan in the Past:

<u>Date (Day/Month/Year)</u>	<u>Main City Visited</u>	<u>Main Purpose</u>
From: _____ To: _____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

**WRITTEN PLEDGE**

To Chairman of the Board of Trustees  
Takeda Science Foundation

Having received a Research Grant from your Foundation in compliance with the Regulations on the Fellowship Programs for the Foreign Researchers, I hereby pledge to do my utmost in my scientific pursuits, fully aware of the significance of the grant, and to observe the laws and regulations of Japan as well as rules and regulations of the research institute concerned in Japan, during my stay in Japan.

I also pledge to

- 1) submit to the Foundation a research report at the conclusion of my grant period;
- 2) visit the Foundation before the conclusion of my grant period, to present an oral report, and, if such a visit cannot be made, provide notification of the reason in advance;
- 3) inform the Foundation of my plans for a trip back to my country of residence using the prescribed form; and
- 4) inform the Foundation of any unavoidable temporary return trip.

Moreover, I shall notify the Foundation without delay of any of the following:

- 1) My intention to reduce the grant period stipulated by the Foundation and return to my home country earlier than indicated;
- 2) My intention to extend my period of stay in Japan beyond the expiration of the grant period as stipulated by the Foundation;
- 3) My intention to change my research institute, place of research or residence.

Done on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_  
under the joint signature of the Guarantors.

**Awardee:**

**Name:** \_\_\_\_\_

Signature: \_\_\_\_\_

**Guarantor for Awardee:**

**Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

**Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_