

Application for KEK Associate Researcher

Application date mm/dd/yyyy

To Director of Institute/Laboratory/ QUP**

Applicant's name

Hereby I apply for a KEK Associate Researcher.

Full Name	Given name/Family name	Nationality	
Date of birth	mm/dd/yyyy	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email address			
Present address	Postal code	Telephone	
Affiliation	<i>In case that your affiliation changes after application</i> New affiliation : Change date to the above affiliation :		
Position			
Education	Graduation : (University/College/Institute) Year : (year of completion)		
Degree Obtained	Title : Conferring institution : (University/College/Institute) Year : (year of award of the degree)		

Research theme	
Research plan at KEK	
Term of association	From mm/dd/yyyy till mm/dd/yyyy
Host researcher at KEK	
Research location at KEK	
Past application as a KEK Associate Researcher	YES <input type="checkbox"/> NO <input type="checkbox"/>
Remarks	

** International Center for Quantum-field Measurement Systems for Studies of the Universe and Particles

Important Note

- Submission of a letter of recommendation by a KEK host researcher is also required, in case that a candidate applies by him/herself.
- Non-Japanese nationals are required to submit a passport copy
- Personal data entered in this form will only be used for administrative purpose.