**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 on behalf of the below-mentioned candidate.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Given name/Family name | Nationality |  |
| Date of birth  | mm/dd/yyyy | Gender | [ ] Male [ ] Female |
| Email address |  |
| Present address  | Postal code |  | Telephone  |  |
|  |
| Affiliation |  |
| *In case that your affiliation changes after application,* 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 |  |
| Collaboration plan with the candidate  |  |
| Term of association | From mm/dd/yyyy　 till mm/dd/yyyy　  |
| Research location at KEK  |  |
| Past application  | *Please tick “YES” if the candidate has been once associated as KEK* *Associate Researcher.* YES　[ ]  NO [ ]  |
| Role of the candidate  | *Describe the role of the candidate in the above-mentioned planned project mentioning his/her expertise and skills.*  |
| Remarks |  |

\*\* International Center for Quantum-field Measurement Systems for Studies of the

Universe and Particles

**Important Note**

-Please also submit a passport copy of the candidate associate researcher, if the candidate is a foreign national.

-Personal data entered in this form will only be used for administrative purpose.