

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	<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	
Collaboration plan with the candidate	
Term of association	From mm/dd/yyyy till mm/dd/yyyy
Research location at KEK	
Past application	<i>Please tick "YES" if the candidate has been once associated as KEK Associate Researcher.</i> YES <input type="checkbox"/> NO <input type="checkbox"/>
Role of the candidate	<i>Describe the role of the candidate in the above-mentioned planned project mentioning his/her expertise and skills.</i>
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.