The 33rd (2024) Health Research Grant

- Internal Joint Research for researchers for all ages -

Joint Research Agreement

|  |  |  |
| --- | --- | --- |
| Name of Joint Research Applicant |  |  |
| TO : |  |  |

I agree to conduct the collaborative joint research program as described below.

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| Research Subject **＊Check to be sure that this Research Subject is same as shown in the Application.** |
|  |
| 1. Description of significance and necessity of your (Joint Researcher’s) participation in   this Internal Joint Research. **\*Copy-paste text (A) from the List of Joint Researchers.** |
|  |
| 1. Description of reasons behind your (Joint Researcher’s) participation in this Internal Joint Research. **\*Copy-paste text (B) from the List of Joint Researchers.** |
|  |
| (C) Description of your (Joint Researcher’s) responsibilities in this Internal Joint Research.  **\*Copy-paste text (C) from the List of Joint Researchers.** |
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| Joint Researcher | Name |  |
| Institution |  |
| Title |  |

|  |  |  |
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|  |  | ／ 　　　　　／2024 |
| Signature |  | Date of signature(MM/DD/YY) |