Application Form

(to be confirmed and sighed by the head of the relevant department / division of the applying organization)

To the Director of the RIKEN BioResource Research Center (RIKEN BRC)

Applicant information Full Name (as in the pass	sport)	Last/Family	First Mid	ldle		
Sex: Male Female	ex: Male Female			Nationality:		
Date of Birth:			dd / mm / yyyy			
Organization:						
Department / Division:						
Present Position:						
Address						
TEL:			E-mail:			
IEL.						
Date:			Signature:			
in the following Training Course. Theme: Training course for human iPS cells Place: BioResource building for Cell Research, RIKEN BioResource Research Center (Tsukuba) Date: 1) May 24, 2024 14 November 1, 2024 2) July 5, 2024 15 January 17, 2025 3) September 6, 2024 6 March 7, 2025 Responsible person					2024 025	
Name:						
Designation / Position						
Department / Division						
Office Address and Contact Information	Address:					
	TEL:		FAX:		E-mail:	
Date: Signature:		gnature:				
Agreement: As a trainee at 1. All rights concerning res						

process of the training course shall, in principle, belong to RIKEN.

- 2. The trainee must not disclose information obtained or acquired in the process of the training course at RIKEN (except for handouts and explanatory information).
- 3. RIKEN shall not be held liable for any injury or damage that the trainee suffers or that the trainee causes a third party during the training course without any fault attribute to RIKEN. When the trainee has caused damage to RIKEN either intentionally or by gross negligence, compensation for the total or partial cost of the damage may be imposed on the applying organization.