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 pas	sport)	Last/Family	First Middle		
Sex: Male Female]	Nationality:		
Date of Birth:			dd / mm / yyyy		
Organization:					
Department / Division:					
Present Position:					
Address					
TEL:			E-mail:		
Date:			Signature:		
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Name:					
Designation / Position					
Department / Division					
Office Address and Contact Information	Address:				
	TEL:		FAX:		E-mail:
Date:	•	Signature:	•		

Agreement: As a trainee at RIKEN, the applicant hereby agrees to abide by the following provisions.

- 1. All rights concerning research results (including tangible research materials) produced or obtained in the 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.