(Form 3)

Date (year/month/date): / /

**LETTER OF APPROVAL**

To: Director of Research Center for Radiation Disaster Medical Science

Address:

Name of Affiliated Organization:

Name of the Head of Affiliated Organization:

 (sealed)

I approve the implementation of joint research according to the following items:

Items

1. Research Representative

 Official Job Title:

 Name:

2. Joint Research Title:

3. Joint Research Period: From April 1, 2021 (or adopted day if after April

 2nd) to March 31, 2022