Accession Number

**Revision Report for Joint Usage/Research for**

**Research Center for Radiation Disaster Medical Science**

　　　　　　　　　　　　　　　　　　　Date (year/month/date): 　　　/　　　/

　To: Director of Research Center for Radiation Disaster Medical Science

　　　　　　　　　　　　　Applicant

　　　　　　　　　　　　　Representative's Name:

　　　　　　　　　　　　　Affiliated Organization:

　　　　　　　　　　　　　Affiliated Department:

　Joint Research Title:

　I hereby revise information pertaining to the research that has already been submitted as follows:

　　□　　Alteration of Representative's Affiliation/Contact Info.

　　　　　Affiliated Organization:

　　　　　Affiliated Department:

　　　　　Address:

　　　　　TEL:

　　　　　e-mail:

　　□　　Additional Joint Researcher

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | ※Age(as of April 1, 2021) | ※Gender | Affiliated Organization/ Department | Job title |
|  |  | □Male□Female |  |  |
|  |  | □Male□Female |  |  |

　　Please check the appropriate box(es) and fill in the changes.

　　※This is for the purpose of alloting the number of "Female Researchers" and "Age (as of April 1, 2021)" to be accepted when submitting to the Ministry of Education, Culture, Sports, Science and Technology. It is also for reviewing the allocation of joint research funds.