

APPLICATION FOR **DR. TAKESHI NISHIKAWA'S SCHOLARSHIP ON SCIENTIFIC RESEARCH/EXCHANGE**

西川 武志 医師 奨学金申請書

For 2014-2015 (2014-2015 年用)

INSTRUCTIONS (記入上の注意)

1. The application should be typed if possible, or neatly handwritten in block letters. (明瞭に記入すること。)
2. Numbers should be in Arabic numerals. (数字は算用数字を用いること。)
3. Years should be written using the Anno Domini system. (年号はすべて西暦とすること。)
4. Proper nouns should be written in full and not abbreviated. (固有名詞はすべて正式な名称とし、一切省略しないこと。)

* Personal data entered in this application will only be used for scholarship selection purposes, and contact information such as e-mail addresses and will only be used for forming related human networks after the student returns home and for sending of information by the Ethiopian Association of Japan.)

(本申請書に記載された個人情報については、本奨学金の選考のために使用するほかは、特に E-mail アドレス等の連絡先については、帰国後における関係者のネットワークを作ること及び必要に応じ(財)日本—エチオピア協会各種情報を送信する以外には使用しない。)

1. Name in full in native language _____ (Sex)
(姓名 (自国語)) (Family name), (First name) (Middle name) Male (男)
 Female (女)

In Roman block capitals _____ (Marital Status)
(ローマ字) (Family name), (First name) (Middle name) Single (未婚)
 Married(既婚)

2. Nationality _____
(国 籍)

3. Date of birth(生年月日)
19 _____
Year (年) Month (月) Day (日) Age (as of April 1,2013)年齢(2014 年 4 月 1 日現在)

4. Present status with the name of the university attended or employer
(現職 (在学大学名又は勤務先名まで記入すること。))

5. Present address and telephone number, facsimile number, e-mail address
(現住所及び電話、ファックス番号、E-mail アドレス)

現住所(Present address) : _____

電話番号/FAX 番号(Telephone/facsimile number) : _____

E-mail address: _____

* If possible, write an e-mail address that can be used for periods including the time before you come to Japan, your stay in Japan and the period after you return home.

(可能な限り、渡日前～日本留学中～帰国後にわたり使い続けることが予想される E-mail アドレスを記入すること。)

6. Field of specialization studied in the past (Be as detailed and specific as possible.)
(過去に専攻した専門分野 (できるだけ具体的に詳細に書くこと。))

Paste a passport photograph taken within the past 6 months. Write your name and nationality in block letters on the back of the photo.
(4.5cm×3.5cm photo)
(写真(4.5cm×3.5cm))

7. Educational background (学歴)

Upper Secondary School (高校)	Name (学校名)	From (入学)	years (年)
	Location (所在地)	To (卒業)	and months (月)
Higher Education (高等教育) Undergraduate Level (大学)	Name (学校名)	From (入学)	years (年)
	Location (所在地)	To (卒業)	and months (月)
Graduate Level (大学院)	Name (学校名)	From (入学)	years (年)
	Location (所在地)	To (卒業)	and months (月)

* If the blank spaces above are not sufficient for the information required, please attach a separate sheet.

((注) 上欄に書ききれない場合には、適当な別紙に記入して添付すること。)

8. List of publication / presentation during the past five years (List up your academic presentation or publication with the title, all authors' names, name of organizer, publisher or journal, volume, pages, and year)

(著書、論文(卒業論文を含む。))があればその題名、出版社名、出版年月日、出版場所を記すこと。)

* Please attach abstracts of those papers to this application. ((注)論文の概要を添付のこと。)

10. Employment Record: Begin with the most recent employment, if applicable. (職歴)

Name and address of organization (勤務先及び所在地)	Period of employment (勤務期間)	Position (役職名)	Type of work (職務内容)
	From To		
	From To		

10. Foreign language proficiency: Evaluate your level and insert an X where appropriate in the following blank space.

(外国語能力を自己評価のうえ、該当欄に×印を記入すること。)

	Excellent (優)	Good (良)	Fair (可)	Poor (不可)
English (英語)				

11. Have you been awarded a Japanese Scholarship/ Fellowship in the past? If so, please specify the period, the name of the Scholarship/ Fellowship, etc. (過去に日本からの奨学金受給者に採用されたことがあるか。あるならば、その期間・受入機関等を記入のこと。)

i) Yes, I have.

(ある)

Period: _____ University: _____

ii) No, I have not.

(ない)

12. Person to be notified in applicant's home country in case of emergency (Exchange programme only):

(緊急の際の母国の連絡先)

i) Name in full:

(氏名) _____

ii) Address: with telephone number, facsimile number, e-mail address

(住所: 電話番号, ファックス番号及び E-mail アドレスを記入のこと。)

現住所(Present address) :

電話番号/FAX 番号(Telephone/Facsimile number) :

E-mail address:

iii) Occupation:

(職 業) _____

iv) Relationship:

(本人との関係) _____

13 Research/Exchange Plan (within 1000 English words starting with Abstract, Background, Materials and Methods, Expected Results, and References.)

14. I understand and accept all the conditions stated in the Conditions for Dr. Nisihkawa's Scholarship on Scientific Research/Exchange Programme (Year 2014-2015, separate file) and hereby apply for this scholarship.

(私は 2014-2015 年太田房雄名誉教授奨学金留学生募集要項に記載されている事項をすべて了解して申請します)

Date of application:

(申請年月日)

Applicant's signature:

(申請者署名)

Applicant's name
(in Roman block capitals) :
(申請者氏名)

16 Recommendation letter signed by a professor in the University of Gondar, Ethiopia

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Date:
(推薦年月日)

Full Name:
(推薦者氏名)

Professional Position & Affiliation:
(in Roman block capitals) :
(所属及び職名)

Signature:
(署名)
