



**International Core Research Center for Phototheranostics**  
**Summer Internship Program 2020**  
**Application Form**

Full name/Year	Surname :	First Name :	Year :
Date of Birth			
Sex / Nationality			
Student ID			
Expected graduation month and year			
Home address			
Lab. phone no.			
Home phone no.			
Mobile phone no.			
Email address			
Affiliation/Lab.			
Supervisor/Phone/e-mail address			
Desired visiting institution.			
Desired visiting lab.			
Research theme			
Name of your medical insurance /Travel insurance			
Emergency contact in Japan:: Name/Tel/Email			



<p>Please sign for agreement</p>	<p>* During my stay, I will not cause damage to lab and lab members. I will buy a travel insurance by any possibility .during my stay. <input data-bbox="1259 259 1417 324" type="checkbox"/></p> <p>* Intellectual property rights for the research I conducted during my stay is a right of the lab where I conducted research and its leader. <input data-bbox="1268 443 1426 508" type="checkbox"/></p> <p>* The grant I receive from C2CNB partly support my summer internship and I will decline to receive the amount exceeded. <input data-bbox="1268 584 1426 649" type="checkbox"/></p>
<p>I prove the above is correct.</p> <p>_____</p> <p>Name <span style="margin-left: 300px;">_____</span> Date</p> <p>_____</p> <p>Signature <span style="margin-left: 250px;">_____</span> Supervisor Signature</p>	