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| Proposal No. |  |

 Let the box be empty

**Application for Equipment Development Center experiments FY2022**

**for foreign researchers**

**[MEXT Advanced Research Infrastructure for Materials and Nanotechnology]**

Date:

To IMS Director General:

Representative person:

|  |  |
| --- | --- |
| Name | 　　　　　　　　　　　　　　　　　　　Signature:　　　　　　　　　　　　 |
| Affiliation & Position |  |
| Address | Street addressCity State CountryTEL: 　FAX: e-mail:  |

Contact person in IMS:

|  |  |
| --- | --- |
| Name |  |

We will apply for Equipment Development Center experiments in Institute for Molecular Science through Advanced Research Infrastructure for Materials and Nanotechnology of Ministry of Education, Culture, Sports, Science and Technology, Japan. We all the members given below will declare that we will strictly observe the prevention guidelines and rules of research misconducts (malicious fabrications, ill-intentioned data modifications, plagiarizations *etc*.) in IMS and in our organizations, if any, and other related rules and Japanese laws. I will here declare that my organization and I will be responsible for any unexpected accidents during our experiments. I will also agree that the experimental results should be published.

**1. Period:**

 □ Whole FY (Apr.–Mar.) □ First Half FY (Apr.–Sep.) □ Second Half FY (Oct.–Mar.)

 Desired experiment period:

**2. Proposal Title:**

**3. Equipments you want to use:**

 Fabrication and Characterization of Microstructures

 □ Mask Aligner (MA-10)

 □ Spin Coater (MS-A100)

 □ Maskless Lithography System (DL-1000)

 □ Electron Beam Lithgraphy System (ELS-G100)

 □ 3D Optical Profiler (ZYGO NexView)

 □ Nano Indenter (KLA-Tencor P7)

**4. Research Purposes and Experimental Plans**

Describe the following items in 1 or 2 pages (1 sheet of A4 paper). Attach the sheet.

1) Research purposes

Describe purposes and significance of the present research. If a similar applications has been submitted before, describe difference between the previous and present applications.

2) Experimental plans

Describe your experimental plan in detail including necessity to apply to IMS.

**5. Representative person and Team Members**

|  |  |  |
| --- | --- | --- |
| No. | Name | Affiliation & Position |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

A member list can be supplemented.

I agree with submission of this proposal.

 Affiliation & Position:

 Name in print: Date:

 Signature:

|  |  |
| --- | --- |
| DirectorEDC | Equipmentstaff |
|  |  |
| Leave these boxes empty. |

The person in the box above should not be the proposal representative, but a delegate belonging to the same organization, who can authorize you to do experiments according to the proposal.