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| --- | --- |
| Proposal No. |  |

Let the box be empty

**Application for UVSOR experiments FY2022 (first or second half)**

**for foreign researchers**

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

Date:

To IMS Director General:

Representative person:

|  |  |
| --- | --- |
| Name | Signature: |
| Affiliation & Position |  |
| Address | Street address  City State Country  TEL: 　FAX:  e-mail: |

Contact person in IMS:

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

We will apply for UVSOR 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 also here declare that my organization and I will be responsible for any unexpected accidents during our experiments. I will promise that the experimental results should be published.

**1. Proposal Title:**

**2. Beamline and Photon energies you want to use:**

□XMCD (BL4B) Absorption Edges

(*e.g*. O-K, Fe-L etc.)

**3. Representative person and Team Members**

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

If the members are more than four, add a member list in a separated sheet.

**4. Period:** □ First Half FY (April–September) □ Second Half FY (October–March)

**5. Beamtime Requests** Use a unit of day : XMCD : max. 4 days a week (from Tuesday to Friday）

multiple bunch operation ( ) days single bunch operation ( ) days

If you select single bunch operation, describe the reason you want it.

**6. Desired Beamtime Period** (Describe when you want to do experiments for **4.**□First or □Second Half Year)

First priority:

Second priority:

Third priority:

**7. Undesired Beamtime Period**  (Describe if you have for **4.**□First or □Second Half Year).)

**8. Collaboration with private companies:** □ Yes □ No

**9. List of Samples**  (Note: You will be requested to submit a detailed sample list after the acceptance of the proposal.)

□ Solids □ Liquids □ Gases

**10. Research Purposes and Experimental Plans**

Attach 1 or 2 pages (A4 or letter) describing all the items shown below.

a) Research significance and originality. In the proposal reviewing committee, the scientific importance, the validity of the UVSOR usage, the previous publications of the applicants will be totally evaluated.

b) Details of the research. If you have previous proposals for the same UVSOR beamlines, describe explicitly the novelty and difference from the previous ones.

c) Details of experimental plans and conditions

d) Estimation of the beamtime required

e) List of your related publications and previous UVSOR Activity Reports if you have

For technical issues, contact the person in charge of the beamline & equipment in advance.

**11. Usage of liquid He:** □ Yes ( ℓ/day × days) □ No

**12. Facility equipment you want to use:** □ Yes □ No

If you want to use facility equipment that is not always installed at the beamline, choose “yes” and describe the equipment. Contact the person in charge of the beamline in advance.

**13. Equipment you will bring**

Contact the person in charge of the beamline in advance.

**14. Usage of equipment in Instrument Center in IMS:** □ Yes □ No

If yes, name of equipment: □TEM □Microtome □FIB □Others ( )

I agree with submission of this proposal.

Affiliation & Position:

Name in print: Date:

Signature:

|  |  |
| --- | --- |
| Director  UVSOR | Beamline  staff |
|  |  |
| 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.

After acceptance of the proposal, you will be requested to submit Radiation Safety documents for all the members doing experiments at UVSOR. The document can be valid for FY (April-March) according to the certification.