**Category I : Attachment-2**



## Category I : International Collaborative Research

Date of Submission : \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_( DD/MM/YY)

## Application Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Applicant Information** | | | |  | |
| (Country)  (Name)  (Organization/institution)  (Position)  (Tel) 　 　　　 (Fax)  (E-mail) | | | | | |
| 1. **Title of the project** | | | |  | |
|  | | | | | |
| 1. **Project summary** | | | |  | |
| Please describe this summary within about 20 lines here. As for the detail, please fill in the Annex 1. | | | | | |
| **4) Requested amount** |  | **5) Duration of the research** | | |  |
| (USD)  \* Please fill in the accounting form also. | | (From Yr. Mo. To Yr. Mo. )  (The research is to be concluded within 11 months from the date of announcement of selection by the APT secretariat.) | | | |
| 1. **Collaborative experts/staff** | | | |  | |
| |  |  |  | | --- | --- | --- | | Name of  Experts | Name of  Organizations/ institutions |  | | [Chief Expert] |  | (address)    (country)  (Tel)  (Fax)  (website)  (E-mail) | |  |  | (address)    (country)  (Tel)  (Fax)  (website)  (E-mail) | |  |  | (address)    (country)  (Tel)  (Fax)  (website)  (E-mail) | |  |  | (address)    (country)  (Tel)  (Fax)  (website)  (E-mail) | |  |  | (address)    (country)  (Tel)  (Fax)  (website)  (E-mail) |   Please fill in the following information regarding collaborative experts. As for their career and their organizations/institutions, please fill in the Annex 2 and the Annex 3 respectively. | | | | | |
| |  |  |  | | --- | --- | --- | |  |  | (address)    (country)  (Tel)  (Fax)  (website)  (E-mail) | |  |  | (address)    (country)  (Tel)  (Fax)  (website)  (E-mail) | |  |  | (address)    (country)  (Tel)  (Fax)  (website)  (E-mail) | | | | | | |
| **7) Contact Point Information** | | |  | | |
| If contact point is different from the applicant, please fill in as follows.  (Country)  (Name)  (Organization/institution) \_\_\_  (Position) \_\_\_  (Tel) 　 　　　 (Fax)  (E-mail) | | | | | |
| **8) Affirmation of the veracity of the information** | | | | | |
| **I hereby affirm that all information and description in this application form are true and correct. If this project is selected by the APT, I promise to implement it together with collaborative research entities as mentioned in this application form and related documents based on scheme of the programme approved.**    Date : / /  (day) (month) (year)  (Applicant’s name) \_\_\_\_\_\_\_\_\_\_  (Signature) \_\_\_\_\_\_\_\_\_ | | | | | |
| **9) Endorsement of the Application** | | | | | |
| **The foregoing application to the APT International Collaborative Research is hereby endorsed by this Administration.**  Date : / /  (day) (month) (year)  (Name of Administration): \_\_\_\_\_  (Title or Position): \_\_\_\_\_  (Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

**Annex 1**

**Project Summary**

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| **1) Please describe outline of the project**  - Objectives  - Current status  - Purpose of collaboration  - Partner organizations/institutions  - Milestone (significant phases of the project/research)  - Expected output  - Reporting procedure  **・**Contribution : How will the project contribute to implementation of the Strategic Plan of the APT for 2021-2023?  (Please explain the linkage of the project to the Strategic Plan of the APT for 2021-2023 or related activities, **indicating related articles or paragraphs.**)  **2) Please describe exchange plan (schedule) in detail. (date, period, place, mission, etc.)** |

**Annex 2**

**Expert’s Career Background**

\* One sheet for each expert

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Name** |  | | | | | |
|  | | | | | | |
| 1. **Organization/Institution** |  | | | | | |
| (Title, position)  (Name)  (Country)  (Website address: if not available, please attach a sheet describing the outline of the organization/institution in Annex 3.) | | | | | | |
| 1. **Date of birth** | |  | | 1. **Sex** | |  |
| 1. **Education** | |  | | | | |
| (University/Institution)  (Degree)  (Date of acquisition)  (Major) | | | | | | |
| 1. **Career Record** | | |  | | | |
|  | | | | | | |
| 1. **Experiences related to the ICT**   **research including international ones**  \* You may attach other sheets if necessary | | | | |  | |
| (Research Title)  (Location)  (Duration)  (Outline) | | | | | | |

**🞏 I hereby grant and authorize APT Secretariat to transmit, share or release my information on this application form on APT website in order to facilitate the preparation of potential future proposals from APT member countries. (Please kindly place a check mark in the box in case you give your consent.)**

\* Further information may be requested if deemed necessary.

**Annex 3**

Overview of organization/institution

|  |
| --- |
| (Country)  (Name of organization/institution) |

Please describe history, activities, facilities, number of employees and etc. of the organization involved in the proposal. One sheet for each organization/ institution or attach brochures.

\* Further information may be requested if deemed necessary.