（FORM2）

　　<month> <day>, 20XX

**Letter of Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| Principal Investigator’s Name | |  | |
| Position/Affiliation | |  | |
| Position  　　(mark 〇 in any of 1,2 and 3 ) | |  | 1. Research fellow |
|  | 2. Medical staff member (excluding students and research students) |
|  | 3. JSPS research fellows-PD |
| Approval from the Leader, etc. of your research laboratory\*1  （Signature or stamp） | |  | |
| Term of employment | | <Month> <day>, <20xx> 　　～　　<Month> <day>, <20xx> | |
| Working Hours | | （　　　　）hours per week | |
| Only when Research fellows apply for | Project name applicant engages |  | |
| Name of personnel expenses related to applicant  (external funds, etc) |  | |
| Confirmation by project leader＊2  （Signature or stamp） |  | |

\*1 Please check with the leader, etc. of your research laboratory that the applicant is able to do research on Q-PIT Support Program for Young Researchers.

\*2 Please check with the project leader that the research fellow is able to apply for Q-PIT Support Program for Young Researchers and accept supports when selected.