

Application Form for Eligibility Screening

Name in Katakana			
First Name		Last Name	Middle Name
Date of birth	/ / (yyyy/mm/dd in western calendar) (Age as of April 1 st 2025 years)		
Choice of Research Field	Division Research Field ()		
Education Record	Fill out your education record since high school in western calendar.		
	Entered Date / / Graduated Date / / (yyyy/mm/dd)	Enrollment Period years	High School:
	Entered Date / / Graduated Date / /	years	University: Faculty: Major:
	Entered Date / / Graduated Date / /	years	
	Entered Date / / Graduated Date / /	years	
	Entered Date / / Graduated Date / /	years	
Employment Record	Fill out your employment record until present if you have any. (in western calendar) If you had an assignment at research institute as an employer of a private company, fill out the name of the institute and assignment period.		
	Entered Date / / Graduated Date / / (yyyy/mm/dd)	Period of Employment years	
	Entered Date / / Graduated Date / /	years	
	Entered Date / / Graduated Date / /	years	
	Entered Date / / Graduated Date / /	years	
Current Address		Postal code —	
		Telephone No. () —	Mobile No. () —
		e-mail @	
Present Position	<input type="checkbox"/> Undergraduate Student (th grade) <input type="checkbox"/> Graduate Student (Doctoral / Master's Program/ th Grade) <input type="checkbox"/> Research Student (Fill out "Affiliation"⇒) <input type="checkbox"/> Employed (Fill out "Affiliation"⇒) <input type="checkbox"/> Others (Fill out "Affiliation"⇒)		Affiliation (Fill out your position, laboratory name and institution name) Telephone No. () —
	Are you an employee? <input type="checkbox"/> Yes • <input type="checkbox"/> No If you are an employee, you will <input type="checkbox"/> continue working • <input type="checkbox"/> take leave • <input type="checkbox"/> resign ,after the enrollment to Graduate School of Medicine.		

Graduate School of Medicine, Kyoto University
Doctoral Program in Medical Science 2025

Requirement

$$6 \cdot 7 \cdot 8$$

※Circle either number

Letter of Recommendation For Eligibility Screening

[illegible]

Certificate of Employment Period

Name in Katakana

Name _____

Date of Birth / / (in western
calendar)

This is to certify that the above mentioned person

<input type="checkbox"/>	is currently employed
<input type="checkbox"/>	was employed

 as follows.

Name of the
Institute/Company :

Employment From / /
Period : To / / (Total: ____Years____Months)

Position Name:
(Full-time/Tenure)

Date: / /

Position of Certifier
Name of Certifier

Official seal
or institution/company seal