

# **Programa de Treinamento para Nikkeis**

(Para o Ano Fiscal de 2017 – 1º Semestre)

JICA-JAPAN INTERNATIONAL COOPERATION AGENCY  
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## Ficha de Inscrição para bolsa de Estágio da JICA

Form.1-1

1	<b>Código do curso</b>			
	<b>Nome do curso</b>			
2	Período desejado	meses	Início: _____ Final: _____	
3	Nome Completo			
4	Passaporte (Brasileiro)		Validade:	
	Passaporte (Japonês)		Validade:	
5	Data de Nascimento	/ /	Idade	anos
6	Estado Civil		Nacionalidade	
7	Possui dupla nacionalidade Brasil/Japão	Sim ( ) Não( )		
	Possui visto japones	Sim( ) Não( )	Válido até:	/ /
	Tipo de visto			
8	Possui visto americano	Sim( ) Não( )	Válido até:	/ /
9	Endereço	(Rua • Av. • Al... ) Bairro: Cidade: Estado: Cep:		
10	Telefone	Res.:( ) Fax: ( ) Cel: ( ) <b>E-Mail:</b>		
11	Local de Trabalho ou de Contato Urgente	Estabelecimento  :		
12	Formação Escolar Final ( ) Graduação ( ) Mestrado ( ) Doutorado ( ) PhD ( ) Especialização	(Nome da Instituição)  (Área)  (Ano de conclusão)		
13	Esta prestando outra bolsa? Qual?			
14	Já foi bolsista? Quando e qual a bolsa?			
15	Data e Assinatura	Data: / /  Assinatura: _____		

## FORMULÁRIOS E DOCUMENTOS NECESSÁRIOS Form.1-2

### CHECAR OS ÍTEMS APRESENTADOS:

✓	Formulário	Obs
	Ficha de Inscrição (1-1)~(1-5)	
	Formulário 2 - Formulário de Aplicação	Contato:( )S ( )N ( )
	Formulário 3 - CURRICULUM VITAE	
	Formulário 4 e 5 - Formulário para o atestado de saúde	
	Formulário 6 - Termo de Garantia (pledges)	

✓	Documentos Necessários	Obs
	6 Fotos 3x4	
	Certificado de Conclusão ou Diploma de formação ou Atestado de Conclusão (Cópia simples)	
	Tradução do Certificado de Conclusão (não precisa ser juramentado) (Cópia simples)	
	Diploma de Mestrado (caso obtenha) (Cópia simples)	
	Tradução da Diploma de Mestrado (não precisa ser juramentado) (Cópia simples)	
	Diploma de Doutorado (caso obtenha) (Cópia simples)	
	Tradução da Diploma de Doutorado (não precisa ser juramentado) (Cópia simples)	
	Certificado de Inglês (caso obtenha) (Cópia simples)	
	Certificado de Nouryokushiken (caso obtenha) (Cópia simples)	_____ Kyu
	Cópia do passaporte (Cópia simples)	
	Visto USA (caso obtenha) (Cópia simples)	
	Visto Japones (caso obtenha) (Cópia simples) ※ Caso possua o visto permanente, deverá cancelar e solicitar o visto ` JICA TRAINEE`	
	Cópia do RG – RNE (Cópia simples)	
	Cópia do Certidão de nascimento (Cópia simples)	
	E-mail trocado com o responsável do curso	

**P.S.: Favor apresentar os formulários, após juntar TODOS os documentos necessários.**

Observação:
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**Preencher em Português:**

• Ficha de Inscrição
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**Preencher em Inglês ou japonês:**

• 様式第 2 号 研修申請書
• 様式第 3 号 CURRICULUM VITAE
• 様式第 4 号・5 号 健康診断・病歴に係る申告書 <b>Favor preencher todos os itens!!</b>
• 様式第 6 号 誓約書 (PLEDGES)

## Site de Universidades no Japão:

READ 研究開発支援総合ディレクトリ

<http://read.jst.go.jp/> (versão japones)

Directory Database of Research and Development Activities

[http://read.jst.go.jp/index\\_e.html](http://read.jst.go.jp/index_e.html) (versão inglês)**CHECAR UM DOS ÍTENS:**

✓	Área de Jurisdição Consular
	<b>Consulado Geral do Japão em Manaus</b> - Abrange Acre, Amazonas, Rondônia e Roraima
	<b>Consulado Geral do Japão em Belém</b> - Abrange Amapá, Maranhão, Pará, Piauí
	<b>Escritório Consular do Japão em Recife</b> - Abrange Alagoas, Bahia, Ceará, Paraíba, Pernambuco, Rio Grande do Norte e Sergipe
	<b>Consulado Geral do Japão no Rio de Janeiro</b> - Abrange Espírito Santo, Minas Gerais (Exceto Triângulo Mineiro) e Rio de Janeiro
	<b>Consulado Geral do Japão em São Paulo</b> - Abrange Mato Grosso, Mato Grosso do Sul, São Paulo e Triângulo Mineiro
	<b>Consulado Geral do Japão em Curitiba</b> - Abrange Paraná
	<b>Escritório Consular do Japão em Porto Alegre</b> - Abrange Rio Grande do Sul e Santa Catarina
	<b>Embaixada do Japão no Brasil</b> - Abrange Distrito Federal, Goiás e Tocantins

**Aeroporto Internacional mais próximo da residência:****Assinar um dos itens:**

✓	Aeroporto Internacional
	Brasília
	Belém
	Recife
	Manaus
	Rio de Janeiro
	Fortaleza
	Salvador
	Belo Horizonte
	Florianópolis
	Porto Alegre
	Curitiba
	São Paulo

**Nacionalidade:**

	Brasileira
	Japonesa
	Dupla (Brasileira e Japonesa)

**Escolher a rota de viagem:**

	Via EUA (quem tem nacionalidade japonesa ou dupla nacionalidade deverá viajar via EUA, caso obtenha o visto americano deverá viajar via EUA)
	Via DUBAI / DOHA / EUROPA (não necessita de visto)

**< Após escolher a rota, não poderá haver alterações. >**

**Nome em Japonês em Kanji, Hiragana:**

<b>Exemplo:</b> 名字 (Sobrenome) Yamada
山田
名前 (Nome) Hanako
花子

**Conforme o modelo acima:**

名字 (Sobrenome)
名前 (Nome)

# 研修申請書 APPLICATION FOR TRAINING

私は、貴機構が実施する日系研修員事業に応募を希望しますので、関係書類を添えて申請いたします。

I hereby apply for the "Training Program for Japanese Descendants" with the attached papers.

1. 氏名 FULL NAME (as written in your passport)			
(英語表記) (In Alphabet)			
姓/Surname :			
名/Given name :			
(和文表記) (In Japanese Character)			
姓名/Name :			
2. E-Mail アドレス/E-Mail Address			
			<input type="checkbox"/> 日本語メール可 <input type="checkbox"/> No Japanese
3. 応募研修コース名/Name of the applied course			
4. 提案団体(研修実施機関)との連絡状況/Condition of contacts with training organization			
コンタクト状況/ Contact	<input type="checkbox"/> 済/Done <input type="checkbox"/> 未済/Not yet	返信/Reply	<input type="checkbox"/> 有/Positive <input type="checkbox"/> 未受領/Not yet
提案団体(研修実施機関)名称/ Name of organization			
対応者名/Name of contact person			
コンタクト方法/ Correspondence procedure	<input type="checkbox"/> E-Mail <input type="checkbox"/> 電話/Telephone <input type="checkbox"/> その他/Others (                      )		

5. 研修応募理由・達成したい目標／Reason for application and goal of this training

6. あなたの所属先概要（活動／業務内容、スタッフ人数、施設、機材、予算等）／  
Information of the organization to which you belong (main function, number of staff, main facilities, equipments and budget, etc.)

Main function（活動/業務内容）：

Number of staff（スタッフ人数）：

Main facilities（施設）：

Equipments and budget（機材と予算）：

Others（その他）：

7. 所属先でのあなたの役割と活動／

Detail explanation of your present job (your post, kind of your work and specific activities of your post in your organization office)

8. 本コースの分野であなたの所属先、または地域、国が抱えている問題／

Problems or troubles that you are presently facing (in your organization, area, country)

9. 上記 8 の問題解決に向けたあなたのアイデア

Prescribe countermeasures to solve or alleviate the above problems or troubles

10. 上記 8.の問題解決のための、研修後の自国での活動計画

Action plan after the training to solve or alleviate the above problems or troubles

用紙が不足する場合は追加してください／Continue on an additional sheet in necessary

**添付書類チェックリスト／Attachment Check List**

- |   |                |
|---|----------------|
| <input type="checkbox"/> 研修申請書／APPLICATION FOR TRAINING   | 様式第 2 号／Form 2 |
| <input type="checkbox"/> 履歴書／CURRICULUM VITAE   | 様式第 3 号／Form 3 |
| <input type="checkbox"/> 健康診断書／CERTIFICATE OF HEALTH  | 様式第 4 号／Form 4 |
| <input type="checkbox"/> 病歴に係る申告書／MEDICAL HISTORY   | 様式第 5 号／Form 5 |
| <input type="checkbox"/> 誓約書／PLEDGES  | 様式第 6 号／Form 6 |
| <input type="checkbox"/> 最終学校卒業証明書【写】または卒業証書【写】（あれば翻訳文を添付）／<br>Copy of Diploma or Graduation Certificate (With Japanese or English Translation) |                |



- ID カード (身分証明書) 【写】 / Copy of Official Identification Card
- 旅券 【写】 (姓・名の確認用の為、有効でも失効でも可) /  
Copy of Passport (Valid or Invalid to Confirm Names)
- 日本入国査証 【写】 (有効なもの) / Copy of Japanese Entry Visa (Valid)
- 米国入国査証 【写】 (有効なもの) / Copy of USA Entry Visa (Valid)
- 顔写真 (6 枚、縦 4.5cm × 横 3.5cm) / Photographs (6photos, 4.5cm × 3.5cm)
- その他 / Others ( )

以上 / END

# 履歴書 CURRICULUM VITAE

研修申請書類の個人情報は、1. 提案団体・研修実施機関で実施する選考判定、2. 応募から研修終了後帰国までの各種連絡、3. 事業実績の取りまとめ等統計資料の作成に利用します。

to use the personal information mentioned above as follows.

1. Selection judgment,
2. Communication from application to return home after the training,
3. Making of the statistics document.

<b>1. 氏名 FULL NAME (as written in your passport)</b>		写真 PHOTO 3.5 cm x 4.5 cm
姓/Surname :		
名/Given name :		
<b>2. 電話番号/ TELEPHONE #</b>		

<b>3. 住所（州/県も明記） DWELLING ADDRESS (With name of state or Prefecture)</b>

<b>4. 出発空港（一つ選択）/CITY OF DEPARTURE (Choose one)</b> ※ <b>ブラジル・ボリビアのみ選択/Brazil and Bolivia only</b>	
ブラジル Brazil	<input type="checkbox"/> Belem / <input type="checkbox"/> Belo Horizonte / <input type="checkbox"/> Brasilia / <input type="checkbox"/> Curitiba <input type="checkbox"/> Florianopolis / <input type="checkbox"/> Fortaleza / <input type="checkbox"/> Manus / <input type="checkbox"/> Porto Alegre <input type="checkbox"/> Recife / <input type="checkbox"/> Rio de Janeiro / <input type="checkbox"/> Salvador / <input type="checkbox"/> Sao Paulo
ボリビア Bolivia	<input type="checkbox"/> La Paz / <input type="checkbox"/> Santa Cruz

<b>5. 緊急の連絡先 CONTACT PERSON AND ADDRESS IN CASE OF EMERGENCY</b>
・名前/Name : ・関係/Relation : ・住所/Address : ・電話番号/Telephone # : ・使用可能言語/Usable Language : <input type="checkbox"/> 日本語/Japanese <input type="checkbox"/> 英語/English <input type="checkbox"/> 西語/Spanish <input type="checkbox"/> 葡語/Portuguese

6. 生年月日/DATE OF BIRTH			7. 年齢/AGE	8. 性別/SEX
日/Date	月/Month	年/Year		<input type="checkbox"/> 男/Male <input type="checkbox"/> 女/Female

9. 婚姻/MARITAL STATUS	10. 国籍/NATIONALITY	11. 宗教/RELIGION
<input type="checkbox"/> 独身/Single <input type="checkbox"/> 既婚/Married		

12. 家族状況 FAMILY MEMBERS			
氏名/Name	続柄/Relation	年齢/Age	職業/Occupation

13. 本人、または家族の出身県 PREFECTURE OF JAPAN WHICH YOU OR YOUR RELATIVES FROM	
本人との関係/Relationship with applicant (例：本人、父、祖父/Ex. Self、Father、Grandfather ...)	出身地/Prefecture

14. 最終学歴/FINAL EDUCATION					
学校名/ Official Name of Institution	市/国 City / Country	時期(年) / Years Attended		学位/ Degree	専攻(学部等) / Major subject
		From		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduated <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctor	
		To			

15. 語学力/LANGUAGE PROFICIENCY							
日本語/ Japanese	総合力/ Total Skill	<input type="checkbox"/> N1(1級) Grade 1	<input type="checkbox"/> N2(2級) Grade 2	<input type="checkbox"/> N3 Grade 3	<input type="checkbox"/> N4(3級) Grade 4	<input type="checkbox"/> N5(4級) Grade 5	<input type="checkbox"/> できない Not at all
	聞く力/ Listening	<input type="checkbox"/> よくできる/ Excellent		<input type="checkbox"/> できる/ Good	<input type="checkbox"/> 少しできる/ Fair		<input type="checkbox"/> できない/ Not at all
	話す力/ Speaking	<input type="checkbox"/> よくできる/ Excellent		<input type="checkbox"/> できる/ Good	<input type="checkbox"/> 少しできる/ Fair		<input type="checkbox"/> できない/ Not at all
	読む力/ Reading	<input type="checkbox"/> よくできる/ Excellent		<input type="checkbox"/> できる/ Good	<input type="checkbox"/> 少しできる/ Fair		<input type="checkbox"/> できない/ Not at all
	書く力/ Writing	<input type="checkbox"/> よくできる/ Excellent		<input type="checkbox"/> できる/ Good	<input type="checkbox"/> 少しできる/ Fair		<input type="checkbox"/> できない/ Not at all
英語/ English	総合力/ Total Skill	<input type="checkbox"/> よくできる/ Excellent		<input type="checkbox"/> できる/ Good	<input type="checkbox"/> 少しできる/ Fair		<input type="checkbox"/> できない/ Not at all

16. 日本語学習歴/JAPANESE LANGUAGE EDUCATIONAL RECORD			
学校名/Name of School	年齢/ Age	学習期間/Years Attended	
		From	To

17. 本邦研修・留学歴 RECORD OF TRAINING OR STUDY IN JAPAN				
研修実施機関/ Institution	場所/ Name of City	時期/Period		研修分野/コース名 Field or Name of Course
		From Month/Year	To Month/Year	
<input type="checkbox"/> JICA <input type="checkbox"/> Nippon Foundation <input type="checkbox"/> 県/Prefecture <input type="checkbox"/> 他/Others ( )				
<input type="checkbox"/> JICA <input type="checkbox"/> Nippon Foundation <input type="checkbox"/> 県/Prefecture <input type="checkbox"/> 他/Others ( )				

18. 職歴／EMPLOYMENT RECORD	
研修分野の経験年数／Years of experience in training field	年／Years

18.-1 現在の職業／PRESENT JOB	
勤務先名／ Name of organization	
住所／Office address	
電話／Telephone #	
役職／Present position	
役職についた年月／Date of taking up post	
職業／Type of organization	
<input type="checkbox"/> 公務員／Governmental / Public	<input type="checkbox"/> 民間／Private
<input type="checkbox"/> 自営業／Self-Employed	<input type="checkbox"/> その他／Others

18.-2 前職／PREVIOUS JOB	
勤務先名／ Name of organization	
役職／Present position	
役職についた年月／Date of taking up post	

以上／END

# 健康診断書

## CERTIFICATE OF HEALTH

医師が記入してください。日本語又は英語により明瞭に記入してください。  
To be completed by the examining physician. Please fill out in JAPANESE or ENGLISH.

氏名/FULL NAME 男/M  
姓/Surname : \_\_\_\_\_ 名/Given Name : \_\_\_\_\_ 女/F

生年月日/DATE OF BIRTH 年齢/AGE :  
日/Date : \_\_\_\_\_ 月/Month : \_\_\_\_\_ 年/Year : \_\_\_\_\_

### 1. 身体検査 Physical Examinations

身長/Height	cm	視力/ Eyesight	<input type="checkbox"/> 裸眼/Without Glasses <input type="checkbox"/> 矯正/With Glasses or Contact lenses	右/R : _____
体重/Weight	kg			左/L : _____
聴覚/Hearing	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal			
話/Speech	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal	色盲の有無/Colorblindness		<input type="checkbox"/> + <input type="checkbox"/> -

2. 申請者の胸部について、聴診とX線検査の結果（含、検査日付、フィルム番号）を記入してください。（6ヶ月以上前の検査は無効です）

Please describe the result of physical and X-ray examination (with Date and Film No.) of applicant's (X-ray taken more than six months prior to the certification is NOT valid).

心臓/Heart	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal	肺/Lung	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal
胸部レントゲン/ Chest X-P	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal	フィルム番号/Film NO : _____	
	所見/Findings : _____		
血圧/ Blood Pressure	mmHg	脈拍/ pulse Rate	_____ /Min.
			<input type="checkbox"/> 整/Regular <input type="checkbox"/> 不整/Irregular

3. 現在治療中の病気があれば記入してください。

Please describe if he/ she has any disease treated at present.

<input type="checkbox"/> あります/Yes, he/she has		<input type="checkbox"/> ありません/No, does not have any
ある場合/ If Yes	病名/ Name of Disease	(例) 高血圧症、喘息など (ex) Hypertension, Asthma etc.
	治療薬名/ Medication	

4. 既往症につて/About Previous History. +または-で表示し、治癒日を記入してください。

Please indicate with + or - and fill in the date of recovery.

結核/Tuberculosis	( / / )	マラリア/Malaria	( / / )
てんかん/Epilepsy	( / / )	精神病/Psychosis	( / / )
心臓病 Heart Disease	( / / )	糖尿病/Diabetes	( / / )
腎臓病/ Kidney Disease	( / / )	深部静脈血栓症/ Deep vein thrombosis	( / / )
他の病気/ Other disease	Name :		( / / )

5. 検査 Laboratory tests

尿検査/ Urinalysis	糖/Glucose		蛋白/Protein	
	潜血/Occult blood		細菌/Bacteriuria	<input type="checkbox"/> + <input type="checkbox"/> -
血液検査/ Blood tests	白血球/ WBC count	mm <sup>3</sup>	赤沈/ Precipitation of Blood	mm/Hr
	血色素量/ Hemoglobin	g/dl	肝機能/ Liver Function	GOT : IU/l GPT : IU/l

6. 備考/Note

7. 総合所見/Total Judgment

--	--

日付/Date : \_\_\_\_\_ 署名/Signature : \_\_\_\_\_

医師氏名/Physician's name in Print : \_\_\_\_\_

検査施設名/Name of Office Institution : \_\_\_\_\_

所在地/Address : \_\_\_\_\_

以上/END

# 病歴申告書 MEDICAL HISTORY

本人が記入してください。日本語又は英語により明瞭に記入してください。  
To be completed by the applicant himself. Please fill out in **JAPANESE** or **ENGLISH**

氏名/FULL NAME 男/M  
姓/Surname : \_\_\_\_\_ 名/Given Name : \_\_\_\_\_ 女/F

生年月日/DATE OF BIRTH 年齢/AGE :  
日/Date : \_\_\_\_\_ 月/Month : \_\_\_\_\_ 年/Year : \_\_\_\_\_

## 1. 現在の病状/Present Medical Status

(a) 現在、病気のために薬の服用または医師による定期診察を受けていますか。  
Do you currently use any medicine or have regular medical checkup by a physician for your illness?

<input type="checkbox"/> いいえ/No	<input type="checkbox"/> はい/Yes	病名/Name of Disease ( _____ ) 薬名/Medication ( _____ )
---------------------------------	---------------------------------	---

「はい」の場合、日本語または英語の医師による診断書を添付してください。  
If YES, please attach your doctor's letter (preferably, written in English) that describes current status of your illness and agreement to join the program.

(b) 妊娠していますか。Are you pregnant?

<input type="checkbox"/> いいえ/No	<input type="checkbox"/> はい/Yes : 妊娠月数/Month of pregnancy ( _____ ヶ月/Month)
---------------------------------	---

(c) 薬または食べ物のアレルギー等がありますか。Are you allergic to any medication or food?

<input type="checkbox"/> いいえ/No	<input type="checkbox"/> はい/Yes アレルギーのある薬または食べ物/Name of medication/food you are allergic to. ( _____ )
---------------------------------	--

(d) 障害のために必要とされる追加支援または設備を記載してください。  
Please indicate any needs arising from disabilities that might necessitate additional support or facilities

( \_\_\_\_\_ )

※障害の有無は障害者を研修参加から排除するものではありません。しかしながら、状況に応じて JICA からあなたの障害について詳しい質問を受ける場合があります。

※Disability does not lead to exclusion of persons with disability from the program. However, upon the situation, you may be directly inquired by the JICA official in charge for a more detailed account of your condition.



2. 過去の病歴/Past Medical History

(a) 重大または深刻な病気にかかったことがありますか。  
Have you had any significant or serious illness?

いいえ/No

はい/Yes

病名/Please specify ( )

(b) メンタルクリニックまたは精神科医の治療を受けたことがありますか。  
Have you ever been a patient in a mental clinic or been treated by a psychiatrist?

いいえ/No

はい/Yes

病名/Please specify ( )

3. その他の健康上の問題/Other Medical Problems

もしも、その他の健康上の問題で、上記に記載されていないものがあれば、記載してください。  
If you have any medical problems that are not described above, please indicate below.

私は、上記の設問を読み、全ての質問に正直かつ私の知りうる限り完全に回答したことを証します。私は、明記されなかった健康状態から生じた健康状態が JICA により補償されず、研修中止に至ることを理解し、認めます。

I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.

I understand and accept that medical conditions resulting from an undisclosed pre-existing condition may not be financially compensated by JICA and may result in termination of the program.

日付/Date : \_\_\_\_\_ 署名/Signature : \_\_\_\_\_

氏名/Print Name : \_\_\_\_\_

以上/END

# 誓約書 PLEDGES

私は、貴国際協力機構の日系研修（\_\_\_\_\_コース）の研修員に選ばれたならば、下記事項を遵守し、研修に精進することを誓います。

I am applicant of \_\_\_\_\_ Course a participant in the Training Program for Japanese Descendants managed by JICA hereby pledge;

1. 日本国の法令及び研修機関の諸規則を遵守し、善良な社会人として行動すること。  
to abide by Japanese Law and the rules of the institution where I undergo training and to remain in Japan as a bona fide JICA participant;
2. 貴国際協力機構の指示や決定に忠実に従うこと。  
to execute the training/research plan and abide by local institutional rules and conditions as may be stipulated by its introductory report on this Training Program;
3. 故意または重大な過失により責務を負った際は、自己の責任において弁済すること。  
to compensate JICA for any damage I may cause either intentionally or by negligence;
4. 次の事項の一に該当すると認められ、研修の停止を命ぜられた場合は、その命に従い自費で帰国すること。
  - (1) 故意又は重大な過失及び怠慢等の事由により、研修の継続が不可能となったとき。
  - (2) 自らの都合により研修を中断したとき。
  - (3) 社会の秩序を乱す行動をしたとき。
  - (4) 応募書類の記載事項に虚偽が発見されたとき。to refund to JICA the entire allowance paid to me when I discontinue my training/research plan without JICA's authorization or when JICA orders me to stop the program due to disobedience or other reasons as followed;
  - (1) When, by reasons such as intention or gross negligence and the negligence, continuation of the training became impossible.
  - (2) When I stopped the training on account of oneself.
  - (3) When I did an action to disturb the social order.
  - (4) When falsehood was discovered in the items mentioned of application documents.
5. 所定の研修終了後は速やかに帰国し、修得した知識や技術を活用して、地域社会の発展に積極的に貢献すること。  
to return to my country as soon as the training /research period ends and to apply the techniques and knowledge acquired in Japan to the social, technical or scientific development in my country.

日付／Date : \_\_\_\_\_ 署名／Signature : \_\_\_\_\_

氏名／Print Name : \_\_\_\_\_

以上／END