

Ficha de inscrição
Bolsa de Formação de Líderes da Comunidade Nikkei

Data de preenchimento:			
Dados do candidato			
Nome			
Data de nascimento		Idade	
E-mail para contato			
Telefone para contato		Nacionalidade	
Endereço para recebimento de correspondência			
Cidade		Estado	
Aeroporto mais próximo			
Aeroporto doméstico		Aeroporto internacional	
Dados sobre o curso de pós-graduação desejado			
Modalidade	Mestrado <input type="checkbox"/>	Doutorado <input type="checkbox"/>	
Nome da Universidade no Japão		Nome do orientador	
Idioma de realização da pesquisa	Japonês <input type="checkbox"/>	Inglês <input type="checkbox"/>	
Forma de ingresso	Aluno pesquisador <input type="checkbox"/>	Aluno regular <input type="checkbox"/>	
Área de estudo			
Formação (ensino superior)			
Curso			
Universidade		Mês e ano de conclusão	
Conhecimento de idiomas (básico, intermediário, avançado, fluente)			
Japonês		Possui certificado JLPT?	Não <input type="checkbox"/> Sim, possuo o
Inglês		Possui algum certificado de proficiência?	Não <input type="checkbox"/> Sim:

Scholarship for Japanese Emigrants and their Descendants in Latin America
and the Caribbean: Program for Developing Leaders in Nikkei Communities
Application Form

Date: / /

Appointed University	
University name	
Research subject	
Major	
Name of professor	
Language to learn	
Address	
Phone number	
Research field	
Research theme	
Content of the research theme indicated above (in detail)	

Personal History

Date: / /

Name				
Japanese Skills	Proficient	Working knowledge	Limited	None
Reading				
Writing				
Speaking				

English Skills	Proficient	Working knowledge	Limited	None
Reading				
Writing				
Speaking				

Emergency Contact (Japan)	Relationship	Name	Occupation	Address, phone number etc.

Relatives /Acquaintances in Japan	Relationship	Name	Occupation	Address, Phone number etc.

Family Status	Relationship	Name	Age	Place of Work	Live together/ separately

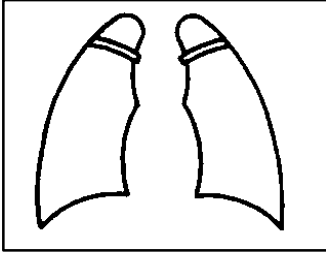
健康診断書/CERTIFICATE OF HEALTH

*医師に記入してもらうこと/to be completed by the examining physician

*日本語又は英語により明瞭に記載すること/Please fill out the form (PRINT or TYPE) in Japanese or English.

氏名 Name	姓/ Sir Name		名/ Given Name		ミドルネーム/Middle Names	
性別 Gender	<input type="checkbox"/> 男/Male <input type="checkbox"/> 女/Female	生年月日(西暦)/Date of Birth(AD)	Year:		Month:	Day:

1. 身体検査/Physical Examination						
(1)身長/Height		cm	(2)体重/Weight		kg	
(3)血圧/Blood Pressure		mmHg~			mmHg	
(4)血液型/Blood Type	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> AB	<input type="checkbox"/> O	<input type="checkbox"/> RH+	<input type="checkbox"/> RH-
(5)脈拍/Pulse	<input type="checkbox"/> 整/Regular <input type="checkbox"/> 不整/Irregular	(7)色覚異常の有無/Color Blindness		<input type="checkbox"/> 有/Yes	<input type="checkbox"/> 無/No	
(6)視力/Eyesight	裸眼/Unaided	右/Right:		左/Left:		
	矯正/Corrective	右/Right:		左/Left:		
(8)聴力/Hearing	<input type="checkbox"/> 正常/Nomal <input type="checkbox"/> 異常/Impaired	(9)言語/Speech		<input type="checkbox"/> 正常/Nomal <input type="checkbox"/> 異常/Impaired		

2. 胸部聴診及びX線検査(6ヶ月以内)/Physical and X-ray Examinations of Chest (Within Six Months)			
	胸部X線所見/Discribe condition of lungs	(1)肺/Lungs	<input type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Impaired
		(2)心臓/Cardio	<input type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Impaired
撮影年月日/Date Taken		異常がある場合⇒心電図/If impaired ⇒ Electrocardiograph	<input type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Impaired
フィルム番号/Film No. (任意if any)		胸部聴診(呼吸音) Chest auscultation (breath sound)	<input type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Impaired
		Examinations of the neck (inspection, palpation)	<input type="checkbox"/> 正常/Normal <input type="checkbox"/> 異常/Impaired

3. 現在治療中の病気/Disease currently being treated			
<input type="checkbox"/> 無/No	<input type="checkbox"/> 有/Yes	病名/Specify it:	

4. 既往症/Past illness/disorder							
該当するものにチェックと完治時期または治療中を記入、いずれも該当しない場合は「無し」にチェックすること。 Please check ✓ and fill date of recovery/under treatment.If NOT contracted any of them in the past, please check "None".							
チェック欄/Tick	病名/Name	完治時期/Date of recovery	治療中/under treatment	チェック欄/Tick	病名/Name	完治時期/Date of recovery	治療中/under treatment
<input type="checkbox"/>	結核/Tuberculosis			<input type="checkbox"/>	マラリア/Malaria		
<input type="checkbox"/>	麻疹/Measles			<input type="checkbox"/>	てんかん/Epilepsy		
<input type="checkbox"/>	腎疾患/Kidney disease			<input type="checkbox"/>	心疾患/Heart disease		
<input type="checkbox"/>	糖尿病/Diabetes			<input type="checkbox"/>	薬剤アレルギー/Drug Allergy		
<input type="checkbox"/>	肝炎/Hepatitis(Type:A,B,C,D,E)			<input type="checkbox"/>	精神疾患/Phychosis		
<input type="checkbox"/>	四肢機能障害/ Functional disorder in the extremities			<input type="checkbox"/>	その他感染症/ Other communicable diseases		
<input type="checkbox"/>	該当無し/None						

5. 検査/Laboratory tests										
(1)尿検査/Urinalysis	<input type="checkbox"/>	糖/Glucose	<input type="checkbox"/>	蛋白/Protein	<input type="checkbox"/>	潜血/ Occult Blood		(2)検便/ Feces: Parasite(egg of parasite)(+,-)		
(3)貧血検査/Anemia test	赤沈 ESR		mm /Hr	白血球数 WBC count		/cmm	血色素量 hemoglobin		gm/dl	<input type="checkbox"/> 貧血 Anemia
(4)肝機能検査/LFT	GPT (ALT)		(IU/l)	GOT (AST)		(IU/l)	γ-GTP		(IU/l)	

6. 医師の診断・意見/Physician's impression of the applicant's health

7. 継続的治療・投薬の必要性があればその旨ご記入ください。/Please fill in if the applicant needs regular medication or treatment.

8. 志願者の既往歴、診察・検査の結果から判断して、現在の健康状態は十分に留学に耐えるものと思われますか？ In view of the applicant's history and the above findings, is it your observation that his/her health status is adequate to pursue studies in Japan?								
<input type="checkbox"/>	はい/YES	日付(西暦) Date(AD)	Year:		Month:		Day:	
		医師署名 Physicians Signature						
<input type="checkbox"/>	いいえ/NO	検査施設名 Office/Insti- tution						
		所在地 Address						

注意事項/Notice
 回答項目に漏れがないかご確認ください。
 Please do not leave any blanks in this certificate.

Pledge

To President, Japan International Cooperation Agency

Upon my admission to your program for Scholarship for Japanese Emigrants and their Descendants in Latin America and the Caribbean: Program for Developing Leaders in Nikkei Communities, I hereby pledge and agree to devote myself to studying in a Japanese university and comply with the following considerations.

1. To abide by Japanese Law and the rules of the institution where I undergo training and to remain in Japan as a bona fide member of the society.
2. To abide by the instructions and decisions from your agency.
3. To compensate for any damage I may cause intentionally or by negligence.
4. In case any of the following cases applies to me and results in salary suspension, I abide by the decision and immediately return to my country.
 - (1) Violation of Japanese Law or an action to disturb the social order
 - (2) Violation of the institution rules
 - (3) Violation of the content or conditions on salaries decided by your agency
 - (4) Interruption of studies due to a personal reason
 - (5) Inability to continue studies due to significant emotional/physical difficulties or health problems
 - (6) fraud on application documents
 - (7) Inability to start a Master's /Doctoral course within one year after the start of the aid payment
 - (8) Inability to start studies at the appointed university by the last day of October in the designated academic year
 - (9) Reception of other scholarship money or equivalent besides the aid from your agency (except those assigned specifically for research)
 - (10) Other unavoidable circumstances due to reasons your agency deems
5. Not to demand anything to your agency in the case of returning to my country upon salary suspension or damages caused in the aforementioned cases
6. After completing the program, I promptly return to my country and proactively contribute to the development of the local community with the knowledge I have gained

END

Date: _____ / ____ / ____

Name of applicant: _____

Signature: _____

I declare I will make the aforementioned applicant observe the pledges stated on this document.

Date: _____ / ____ / ____

Name of guarantor: _____

Signature: _____

Current address: _____

Relation to the applicant: _____

見本

(※なお、本内諾書は、留学生各自が大学院側と個々に連絡をとり、留学の手続きを進めているか確認するものである。このため、文面の受入条件については、受入先により異なって構わない。)

大学受入内諾書

年 月 日

独立行政法人国際協力機構 殿

私は、下記の者が本学の外国人入学試験に合格した場合には、同氏を本学の外国人留学生の制度に基づき当教室で受け入れ、本人希望の研究を指導することを証明します。

記

氏名 _____

以上

_____ 大学 _____ 学部

_____ 研究室

_____ 印