Form 1 (related to Article 2)

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

Date: / /

Personal History		
Name as it appears in passport (in Roman block letters)		Photo (4cm L×3cm W)
Name as it appears in passport (in Japanese)		
Nationality		
Gender	Male/Female	
Passport number		
Date of birth	/ / mm/dd/yyyy (Age:)	
Place of birth	(__-generation Nikkei)	
Current address (Japan residents should write permanent address also)		
Phone number (Japan residents should provide the numbers in one's home country also. Include country and area codes)		
Email address		
Visit to Japan (Study experience in Japan should be listed here. Scholarship recipients should indicate the program name also)	/ / - / / (mm/dd/yyyy) Purpose:	
	/ / - / / Purpose:	
	/ / - / / Purpose:	
Month, Year	Education/Employment Record	
	Graduated [(High school)]	
	Entered [(College)]	
	Expected to graduate/Graduated/Withdrawn [(College)]	

Form 1 (related to Article 2)

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)	

Form 2 (related to Article 2)

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

様式第３号（第２条関係）

健康診断書

CERTIFICATE OF HEALTH（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 (PRINT/TYPE) in Japanese or English. Do not leave any items blank.

氏名
Name：
Family name, First name Middle name

□男 Male
□女 Female
□その他 Non-binary

生年月日
Date of Birth：

年齢
Age：

1．身体検査 Physical Examinations

⑴ 身 長 Height_____cm 体 重 Weight_____kg

⑵ 血 圧 Blood pressure_____mm/Hg～_____mm/Hg

血液型 Blood Type

ＡＢＯ	RH ＋ －

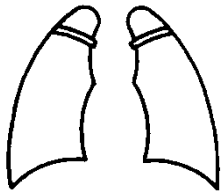
脈拍数 Pulse Rate _____/min □整 regular □不整 irregular

⑶ 視 力 Eyesight：(R)_____(L)_____ 裸眼 without glasses
(R)_____(L)_____ 矯正 with glasses or contact lenses

⑷ 聴 力 Hearing： □正常 normal □低下 impaired
言 語 speech： □正常 normal □異常 impaired

⑸ 色覚異常の有無 Color blindness： □正常 normal □異常 impaired

2．申請者の胸部について，聴診とX線検査の結果を記入してください。X線検査の日付も記入すること（6ヶ月以上前の検査は無効。）
Please describe the results of physical and X-ray examinations of applicant's chest x-ray (X-ray taken more than 6 months prior to the certification is NOT valid).



肺
lung: □正常 normal □異常 impaired

Date_____

Film No._____

心臓
Cardiomegaly: □正常 normal □異常 impaired

心電図
Electrocardiograph
□正常 normal □異常 impaired

胸部聴診(呼吸音) Chest auscultation (breath sound)
□正常 normal □異常 impaired
Examinations of the neck (inspection, palpation)
□正常 normal □異常 impaired

Describe the condition of applicant's lung._____

3．現在治療中の病気 Disease & Treatment at Present □Yes (Disease:_____ Medicine:_____) □No

4．既往症 Past history : Please indicate with ＋ or － and fill in the date of recovery.
Tuberculosis……□(. .) Malaria……□(. .) Measles……□(. .)
Epilepsy……□(. .) Kidney disease……□(. .) Heart diseases……□(. .)
Diabetes……□(. .) Drug allergy……□(. .) Psychosis……□(. .)
Functional disorder in extremities……□(. .) Others……□(. .)
Rheumatic fever……□(. .) Hepatitis……□(Type: A, B, C, D, E) (. .)
Immunodeficiency(HIV, Chronic Kidney Failure, a Malignant Tumor) □(. .)
Immunosuppressant(Adrenocorticosteroid, Anticancer, Anti rheumatic drug)……□(. .)

5．ワクチン接種歴 Vaccination history
MMRV (Measles, Mumps. Rubella, Zoster)……□ Time(s) ( ) Mumps……□ Time(s) ( ) Hepatitis B……□ Time(s) ( )
MMR (Measles, Mumps. Rubella)……□ Time(s) ( ) Chicken pox……□ Time(s) ( ) Meningitis……□ Time(s) ( )
MR (Measles, Rubella)……□ Time(s) ( ) Polio……□ Time(s) ( )
M (Measles)……□ Time(s) ( ) Diphtheria Pertussis Tetanus combined……□ Time(s) ( )

6．検 査 Laboratory tests
検 尿 Urinalysis:glucose( ), protein ( ), occult blood ( )・検 便 Feces: Parasite(egg of parasite)(+,－)
赤沈 ESR：_____mm/Hr, WBC count：_____x10^3/μl, Hemoglobin:_____g/dl, ALT:_____u/l
貧血検査 Anemia Test: ESR：_____mm/Hr, WBC count：_____/cmm, Hemoglobin:_____gm/dl, Anemia:_____,
肝機能検査 LFT：GPT/ALT：_____(IU/L), GOT/AST：_____(IU/L), γ-GTP：_____(IU/L),

7．診断医の印象を述べて下さい。 Please describe your impression.
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 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，現在の健康の状況は充分に留学に耐えう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 his/her health status is adequate to pursue studies in Japan？ yes □ no □

日付
Date:

署名
Signature:

医　師　氏　名
Physician's Name in Print:

検査施設名
Office/Institution:

所在地
Address:

Form 4 (related to Article 2)

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:

Form 4 (related to Article 2)

Current address:

Relation to the applicant:

Form 5 (related to Article 2)

Date / /

Name:

Future Plan

*This program aims to nurture future Nikkei community leaders to encourage economic growth and development in Nikkei society and the country of its location. Answer and describe your view of the following: ‘how can you contribute to your home area and Nikkei society in the future with the research and experience you intend to acquire via graduate school?’ Any plan that does not indicate benefits for a Nikkei community will not be evaluated.

END

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