Let the box be empty

## Application for UVSOR experiments FY2017 (first or second half)

## for foreign researchers [MEXT Nanotechnology Platform Program]

Representative p	nerson:		
Name	). 	Signature:	
Affiliation & Position			
Address		State Country FAX:	
Contact person i	n IMS:		
Name			
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If you select single bunch operation, describe the reason you want it.

<b>6. Desired Beamtime Period</b> (Describe when you want to do experiments for <b>4.</b> □First or □Second Half Year)					
First priority: Second priority: Third priority:					
7. Undesired Beamtime Period (Describe if you have for 4. First or Second Half Year).)					
8. Collaboration with private companies:   Yes   No					
9. List of Samples (Note: You will be requested to submit a detailed sample list after the acceptance of the proposal.)  □ Solids □ Liquids □ Gases					
<ul> <li>10. Research Purposes and Experimental Plans</li> <li>Attach 1 or 2 pages (A4 or letter) describing all the items shown below.</li> <li>a) Research significance and originality. In the proposal reviewing committee, the scientific importance, the validity of the UVSOR usage, the previous publications of the applicants will be totally evaluated.</li> <li>b) Details of the research. If you have previous proposals for the same UVSOR beamlines, describe explicitly the novelty and difference from the previous ones.</li> <li>c) Details of experimental plans and conditions</li> <li>d) Estimation of the beamtime required</li> <li>e) List of your related publications and previous UVSOR Activity Reports if you have</li> <li>For technical issues, contact the person in charge of the beamline &amp; equipment in advance.</li> </ul>					
11. Usage of liquid He: $\Box$ Yes ( $\ell/\text{day} \times \text{days}$ ) $\Box$ No					
<b>12. Facility equipment you want to use:</b> $\square$ Yes $\square$ No If you want to use facility equipment that is not always installed at the beamline, choose "yes" and describe the equipment. Contact the person in charge of the beamline in advance.					
13. Equipment you will bring Contact the person in charge of the beamline in advance.					
<b>14.</b> Usage of equipment in Instrument Center in IMS: ☐ Yes ☐ No If yes, name of equipment: ☐TEM ☐Microtome ☐FIB ☐Others ( )					
I agree with submission of this proposal.					
Affiliation & Position:					
Name in print: Date:					
Signature:					
The person in the box above should not be the proposal representative, but a delegate belonging to the same organization, who can authorize you to do experiments according to the proposal.  Director UVSOR Beamline staff					

After acceptance of the proposal, you will be requested to submit Radiation Safety documents for all the members doing experiments at UVSOR. The document can be valid for FY (April-March) according to the certification.

Director UVSOR	Beamline staff

Leave these boxes empty.