*Form1*

**Details of researcher to be recommended**

|  |
| --- |
| **Full name and title :** |
| **Nationality :**  |
| **Date of birth (month / day / year) :** |
| **Age :** |
| **Affiliated institution :**  |
| **Education (last school or institution attended / date of completion) :** |
| **I wish to recommend the research of the above-mentioned investigator as a candidate for the Mihara Award 2025 Research Grant-in-Aid.****Details of recommender** |
| **Signature :** |
| **Full name :** |
| **Affiliated institution and official title :** |
| **Address :** |

 *Form 2*

**Reasons for recommending the candidate**

*Please outline, in appropriate detail, your reasons for recommending this candidate (focusing in particular on the relevant achievements the candidate has made to date; within 500 words).*

|  |
| --- |
|  |
| Keywords :1. 2. 3.  |

*Form 3-1*

**Please fill out this form by candidate.**

|  |
| --- |
| **Subject of Proposed Research :** |
| **Necessary Amount of Proposed Research :** |
| **Purpose of Proposed Research :** |

*Form 3-2*

**Please fill out this form by candidate.**

|  |
| --- |
| **Schedule of Proposed Research :** |
| **expected outcome :** |

*Form 3-3*

**Please fill out this form and print by candidate**

|  |
| --- |
| *Please list below details of the candidate’s most important publication to date**(a maximum of ten) (Please attach the abstracts of the candidate’s most important publication)* |
| **Details of candidate** |
| **Name :** |
| **Signature :**  |
| **Affiliated institution and official title :** |
| **Address :** |
| **E-mail :** |

Please return your recommendation forms, and address any inquiries or correspondence to the address below.

Charitable trust

Mihara Cerebrovascular Disorder Research Promotion Fund

Mizuho Trust and Banking Co., Ltd.

Wealth Management Promotion Department

Trust Operations Development Team

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