*Form 1*

**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 2017**

**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:**

**Schedule of Proposed Research:**

*Form 3-2*

**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)*

*Form 3-3*

**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.

Retail & Business Banking Coordination Department (14th Floor)

Welfare Trust Section

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