

檔 號：
保存年限：

中華民國醫師公會全國聯合會 函

地址：10688台北市大安區安和路一段29號9樓

承辦人：向鈞

電話：(02)2752-7286#114

傳真：(02)2771-8392

電子信箱：124@tma.tw

受文者：臺中市大臺中醫師公會

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附件：如說明(0001623A00_ATTCH2. pdf、0001623A00_ATTCH3. pdf)

主旨：函知即日起受理2017年度日本武田科學振興財團獎學金申請，請轉知所屬會員並請於11月11日前檢送申請人資料到會，請查照。

說明：

- 一、隨函附寄2017年度日本武田科學振興財團獎學金申請辦法暨英文申請書各乙份。
- 二、本訊息刊登本會網站（網址：www.tma.tw）。

正本：各縣市醫師公會

副本：

理事長 邱泰源



XC04101623

敬啟者

由日本武田科學振興財團所提供 2017 年度中華民國台灣地區之獎學金名額及其獎學金內容如下：

- 一、六個月期 2 名（醫學院人員優先考慮）、三個月期 3 名。
- 二、獎學金每月日幣 25 萬元。
- 三、經濟艙日本來回機票一張。
- 四、若每月平均住宿費用（含不能退還之權利金，但扣除水電及瓦斯費）超過日幣 5 萬元，其超出之部分，每月另最多再補助日幣 5 萬元。

候選人請填寫附件之申請書乙份，並提供完整之中英文履歷表及英文研究計畫書（包含研究動機及目的）。

懇請 貴會公告上述訊息並協助收件，申請者應具醫師執照(Medical Doctor)且未滿 45 歲。敬請於民國 105 年 11 月 25 日以前將上述資料寄至台灣武田藥品工業股份有限公司（台北市信義區松高路一號 17 樓），以便辦理。

肅此敬致

中華民國醫師公會全國聯合會 鈞鑒

武田獎學金提名委員會 謹啟



本會聯絡電話：(02)8729-9097

聯絡人：呂意純 小姐

APPLICATION FOR FELLOWSHIP

To Chairman of the Board of Trustees
Takeda Science Foundation

1. Data on Applicant

Age/Sex: _____ / _____

Name: _____
(Family Name) (First Name) (Middle Name)

Date and Place (city) of Birth: _____

Permanent Address: _____

Home Address: _____
(Postal Code)

Name of Hosp., Univ. etc.: _____

Section & Position: _____

Office Address
(Postal Code): _____

Phone No.: _____ Fax No.: _____

E-mail: _____

Signature: _____

2. Outline of the Study in Japan: _____

3. Period of Study: _____ months from (M) (Y) to (M) (Y)

4. Research Institute in Japan:

Name: _____

Place/Tel/Fax: _____

Mentor's Name & E-mail: _____

JOINT SURETIES:

Name/Date of Birth: _____

Occupation : _____

Present Address: _____

Relationship with Applicant: _____

Signature: _____

Name/Date of Birth: _____

Occupation: _____

Present Address: _____

Relationship with Applicant: _____

Signature: _____

Additional Information for APPLICATION

I) Followings are Supplemental Information, in case the space of Page 1 is not enough.

II. Questions from Takeda Science Foundation (TSF)
(These answers do not affect the selection judgement. They are just for information to be used in the Application for Certificate of Eligibility, if required.)

- 1. Marital Status: Married / Single
- 2. Passport: I have (please attach copy) / I don't have (at the moment)
Number: _____
Date of Issue: _____
Date of Expiration: _____
Issuing Authority: _____
- 3. Past Entry into/Stay in Japan: Yes / No Time(s): _____
Last Entry: From (Y/M/D) to (Y/M/D) _____
- 4. Accompanying Person: Yes / No (If any, please submit by separate paper the following information: Relationship, Name, Date of birth, Nationality, Residing with applicant or not, Place of employment, Status of residence.)
- 5. Family, Relatives or Co-residents in Japan: Yes / No (If any, please submit the same information requested in above 4.)
- 6. Criminal Record (in Japan or overseas): Yes / No
Yes (Details: _____)
- 7. Place (city) to apply for Visa: _____
- 8. Int'l Airport where to depart from: _____

Date: _____

Signature: _____

To Chairman of the Board of Trustees
Takeda Science Foundation

Statement of the Physician who examined the Applicant:

Physician's Name: _____

Physician's Address: _____

Physical conditions of the patient are diagnosed as follow:

Name of Patient: _____, Sex: Male or Female

Date of Birth: _____, Age: _____

Medical History:

Family's Health: Father: _____, Mother: _____, Brother: _____

Sister: _____, Wife (Husband): _____, Children: _____

Height: _____ cm., Visual Acuity: Left: _____, Right: _____

Weight: _____ Kg., Hearing Acuity: Left: _____, Right: _____

Chest Measurement: _____ cm., Color Sense: _____

Blood Pressure: _____ Blood Test: RBC: _____, WBC: _____, Hct: _____

Systolic _____ mmHg. Hb: _____, Platelet: _____

Diastolic _____ mmHg. GOT: _____, GPT: _____, γ -GPT: _____

X-Ray filming of the Chest: Done on (Date): _____, Film No.: _____

Findings: _____

Physical Diagnosis: Done on (Date): _____, Temperature: _____ C

Physique: _____, Nutrition: _____

Findings: _____

Other Tests: _____

Examination of Urine: Albumin: _____, Sugar: _____, Urobilinogen: _____

Evaluation(General): _____

Evaluation (SARS): _____

Signature of Physician: _____

(For use by the Foundation)

Decision on Acceptability:

Photo

(40 x 30 mm)

CURRICULUM VITAE

Name: _____

Home Address: _____

Phone/Fax Nos. _____

E-mail: _____

1. Educational History (From High School)

Period (Month/Year)	School's Name	Place (City)
From: _____ To: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Occupational History (including Research Activity)

Period (Month/Year)	Institution's Name & Position	Place (City)
From _____ To: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Conferred Degree:

Degree	Year	Conferred by
_____	_____	_____
_____	_____	_____
_____	_____	_____

4: Visit to Japan in the Past:

Date (Day/Month/Year)	Main City Visited	Main Purpose
From: _____ To: _____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Signature: _____ Signature: _____

WRITTEN PLEDGE

To Chairman of the Board of Trustees
Takeda Science Foundation

Having received a Research Grant from your Foundation in compliance with the Regulations on the Fellowship Programs for the Foreign Researchers, I hereby pledge to do my utmost in my scientific pursuits, fully aware of the significance of the grant, and to observe the laws and regulations of Japan as well as rules and regulations of the research institute concerned in Japan, during my stay in Japan.

I also pledge to

- 1) submit to the Foundation a research report at the conclusion of my grant period;
- 2) visit the Foundation before the conclusion of my grant period, to present an oral report, and, if such a visit cannot be made, provide notification of the reason in advance;
- 3) inform the Foundation of my plans for a trip back to my country of residence using the prescribed form; and
- 4) inform the Foundation of any unavoidable temporary return trip.

Moreover, I shall notify the Foundation without delay of any of the following:

- 1) My intention to reduce the grant period stipulated by the Foundation and return to my home country earlier than indicated;
- 2) My intention to extend my period of stay in Japan beyond the expiration of the grant period as stipulated by the Foundation;
- 3) My intention to change my research institute, place of research or residence.

Done on this _____ day of _____ in the year _____
under the joint signature of the Guarantors.

Awardee:

Name: _____

Signature: _____

Guarantor for Awardee:

Name: _____

Occupation: _____

Address: _____

Relationship: _____

Signature: _____

Name: _____

Occupation: _____

Address: _____

Relationship: _____

Signature: _____