国際歯科研究学会日本部会（JADR）/Lotte学術奨励賞申請書

2025年　　月　　日

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| １．申請者記入欄 | | | | |
| Abstract ID |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 申請者名 | （和） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者名 | （英） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生年月日 |  | | | | | | 年 | | |  | | 月 | | |  | | 日 | |  | | | | | | | | | | | | | | | | | | |
| 博士号学位取得年月日 |  | | | | | | 年 | | |  | | 月 | | |  | | 日 | | 博士号学位取得からの期間 | | | | |  | | | |  | | | | | | | 年 | | |
| 所属機関 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 所属住所 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 所属TEL |  |  |  |  | |  | |  |  | | - | |  |  | |  | |  | 所属FAX |  |  |  | | |  |  |  | | |  | - |  | |  | |  |  |
| E-MAIL |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID No |  | | | | | | | | | | | | | | | | | | IADR/JADR会員歴 | | | | |  | | | | |  | | | | 年 | | | | |
| 年 | 最終学歴 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 研究歴（枠内にご自由にお書き下さい） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 申請理由（枠内に発表研究の意義などご自由にお書き下さい） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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国際歯科研究学会日本部会（JADR）/Lotte学術奨励賞選考委員長　殿

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| ２．推薦者記入欄 | | | | | |
| 推薦者について | 推薦者名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所属機関 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ID No |  | |  | | | |  | | |  | |  | | |  | | |  | | IADR/JADR会員歴 | | | | |  | | | |  | | | | 年 | | |
| 発表について | 推薦理由 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ３．特記事項 | |
| 育児、介護等による特例措置を必要とする場合の事由 |  | |