**本院112年度新增計畫申請意願書**

**2023 Letter of Intent form for Academia Sinica Research Grants**

※ 有意申請者請於111年5月31日(星期二)前提供

(**word格式**寄至業務信箱biomedgrant@gate.sinica.edu.tw)

A Letter of Intent to be submitted by E-mail to specific grant E-mail account by May, 31, 2022

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| 計畫類別及  類型  Project Types and Categories | 請擇一，若欲申請2項以上，請另表填寫。  Select one item. Fill in one form for each project applied.  因應流行病研究計畫 (IDR) | | |
| 預計計畫名稱Provisional  Project Title | 中文in Chinese：  按一下或點選這裡以輸入文字。 | | |
| 英文in English：  按一下或點選這裡以輸入文字。 | | |
| 計畫(總)主持人(Main) Project Director | 中文in Chinese：  按一下或點選這裡以輸入文字。 | 職稱  Position | 按一下或點選這裡以輸入文字。 |
| 英文in English：  按一下或點選這裡以輸入文字。 | 所屬單位  Affiliation | 按一下或點選這裡以輸入文字。 |
| 共同主持人  Co-Directors | 共同主持人/職稱/單位 Co-Directors/Position/Affiliation  (未確定可留白Leave blank if undecided or N/A) | | |
| 計畫關鍵詞  Keywords | 按一下或點選這裡以輸入文字。 | | |
| 建議審查名單  Suggested Reviewer | 請參閱次頁Please see attached pages | | |
| 計畫摘要：以500中文字內簡述本計畫欲解決之學術或社會問題，可能採用的研究方法與切入點，及可預期的學術或社會影響力。(中英文皆可)  Abstract: In 250 words or less, please provide a brief synopsis of the research field, scientific/societal problems to be addressed, approaches to be taken, and anticipated impact. (Abstracts may be written in English or Chinese.) | | | |
| 按一下或點選這裡以輸入文字。 | | | |

**List of** **Recommended Reviewers**

Please read the Conflict of Interest Guidelines and provide a list of 8–10 reviewers with the expertise to review your application. If necessary, provide also the names of individuals who should be excluded as reviewers due to Conflict of Interest.

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| **Conflict of Interest Guidelines**  1. A reviewer must decline to review the relevant application if they  1.1 Have, or have had, a personal relationship with the applicant.  1.2 Were a doctoral thesis supervisor of the applicant, or have supervised the applicant as a postdoctoral fellow.  1.3 Have published work in collaboration with the applicant within the last five years, especially as a primary co-author.  1.4 Have been involved in any situation considered as a Conflict of Interest with the applicant. |

**1. Recommended Reviewers** (Please provide 8–10 reviewers)

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| No. | Name | Organization / Department | Area(s) of Expertise | E-mail Address | Website | Note |
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**2. Please state, if necessary, the names who should be excluded as reviewers due to Conflict of Interest with the applicant.**

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| No. | Name | Organization / Department | Area(s) of Expertise | E-mail Address | Website | Note |
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