

檔 號：

保存年限：

# 中華民國醫師公會全國聯合會 函

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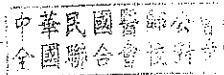
附件：獎學金申請辦法、中文申請表及英文申請表各乙份

主旨：函知即日起受理2014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5日前檢送申請人資料到會，以便辦理甄選，請 查照。

說明：

- 一、隨函附寄2014年度日本武田科學振興財團獎學金申請辦法暨中文申請表，及英文申請書各乙份。
- 二、本訊息刊登台灣醫界雜誌第56卷第10期及本會網站（網址：[www.tma.tw](http://www.tma.tw)）。

正本：各縣市醫師公會  
副本：



理事長 蘇清泉

102.10.25.996

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上網公告  
鄭華峰

102.10.25

# 2014 年度武田科學振興財團獎學金申請辦法

## 一、獎學金研修者之資格：

- (1)應具醫學院校醫學系、科畢業 M.D.，並持有醫師證書而通曉日語文或精通英語文者，且誓約於日本國大學醫學部、研究機關或病院研修終了後即時回台，在國內從事醫學教育或醫療業務者。
- (2)研修期間六個月者：  
任職於醫學院或教學醫院之在職醫師年齡未滿四十五歲者，研修回台後需提出研究報告書。
- (3)研修期間三個月者：  
公立醫院或醫療機關在職醫師年齡未滿四十五歲者，研修回台後需提出研究報告書。
- (4)現住台灣地區內者。
- (5)2008 年度日本文部科學省 (MEXT) 公告略以：自 2008 年起，凡申請由日本國所提供之獎學金，除日本國當地以外之國家人民，服務於軍事機構人員不適用本申請辦法。

二、研修機構之選定、食宿及出國手續等事宜均自理。

三、2014 年度武田科學振興財團獎學金名額及獎學金內容：

期 間	名 額	獎 學 金 額	備 註
六 個 月	二名 (醫學院人員優先考慮)	每名每月日幣 25 萬元	經濟艙來回機票一張
三 個 月	三名		

★若每月平均住宿費用 (含不能退還之權利金，但扣除水電與瓦斯費) 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。

## 四、申請文件：

中、英文申請書各乙份，並自備完整之中、英文履歷表及英文研究計畫書 (含研究動機及目的)。

## 五、申請期限：

自即日起至 10 月 31 日止，向所屬縣市醫師公會申請，各縣市醫師公會於 11 月 5 日前轉送全聯會，逾期不受理。

## ◎附註：

1. 受獎人請於西元 2014 年 4 月-2015 年 3 月前赴日研修。
2. 服務醫師需繳附服務單位出國研修同意書。
3. 申請書表請至全聯會網站下載 (www.tma.tw)。

# 日本武田科學振興財團獎學金中文申請表

一、基本資料：

姓 名		出生日期	年 月 日
出生地		電 話	
通訊地址			

二、申請類別：

日本武田科學振興財團獎學金    六個月    三個月

三、現職：

機 關 名 稱	職 別	擔 任 工 作	開始工作年月

四、學歷：

學 校 名 稱	院 科 系	在 學 年 月	學 位

五、經歷：

機 關 名 稱	職 別	擔 任 工 作	在 職 年 月

六、著作：

七、研修計劃：

研修題目：

預定在日本研修機關：

預定研修期間自    年    月至    年    月計    個月

申請人（簽名蓋章）

年    月    日

核 定	縣 市 公 會 審 查 意 見			
申請人日文能力	精 通	評 語		
	通 順			
	尚 通			
	欠 佳			
			（ 理 事 長 簽 章 ）	

**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: \_\_\_\_\_

(Form No.2)

DATE: \_\_\_\_\_

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: \_\_\_\_\_,  $\gamma$ -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): \_\_\_\_\_

\_\_\_\_\_

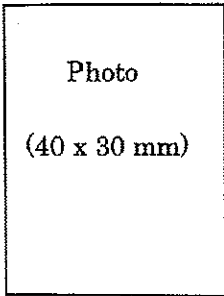
Evaluation (SARS): \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_

\_\_\_\_\_

(For use by the Foundation)

Decision on Acceptability:



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 FLEDGE

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: \_\_\_\_\_