

日独若手専門家交流

Junior Experts Exchange Program 2017/18 (Application)

Please fill out in English.

Surname:	First Name:
Date of Birth:	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F

Passport No.:	Nationality:
---------------	--------------

Address (Office):		
Tel:	Fax:	Mail:

Address (Home):		
Tel:	Fax:	Mail:

Nearest Airport:

Name of Company / University / Research Institute:
Position:

Main Research Interests:

Educational Qualifications

(1) Name of University / College / School:

(2) Period of Study:

(3) Field of Study / Faculty of University:

Experiences in Japan:

Funded by:

Hobbies:

Foreign Language(s):

Dietary Restrictions:

Do you want to visit a specific institute / company?

Do you want to meet a specific person?

(Specific Request, if any):

J1839FrTN-Vorlage.doc (JDZB Wä as of 2017-8-3)

Please send the application before September 30th, 2017 to:

Japanisch-Deutsches Zentrum Berlin
Tatjana Wonneberg
Saargemünder Str. 2
14195 Berlin
Phone: 030-83907-153, email: twonneberg@jdz.de