

Kowa Life Science Foundation Application Form International Exchange Grant 2026

Date (DD/MM/YYYY)

Kowa Life Science Foundation,
Public Interest Incorporated Foundation.

(Recommender) 〒

Address: _____

Affiliation _____

(Name & Title)

Signature
or stamp

v _____ ()

We are pleased to recommend the following individual for your Foundation's international exchange grant programme.

(Name of applicant)

(Signature)

Date of Birth (dd/mm/yyyy) / / (age:)

Affiliation and Title _____

TEL - - (Ext.) email: _____

Address of the organisation _____

() Thai Medical Professionals/students () Attendees of International Conference () Short-term study

Name of Participating academic society or Institution	
Duration of travel or stay	~ (days)

(注) Please attach supporting documents

