

受付日	
Alumni 会員番号	
在籍確認	
DB 入力日	

NIMS Alumni Admission Form

Date: _____ (MM/DD/YYYY)

Personal info	Name		Surname	Given name
		in Japanese		
		in English		
		Enrolled name		※If changes
	Title	Prof. Dr. Mr. Ms.		
Info in NIMS	Retirement date	(MM/DD/YYYY)		
	Employee number	※If you remember		
	Position			
	group/unit/center			
	supervisor			
Workplace	Business type	University, public research institute, private research institute, private business, retired, other ()		
	Name of the work			
	Department, center, division			
	Position, title			
	Mailing address			
	Email address			
Home	Home address			
	Home email address			
	Subscription of NIMS Now	Japanese version or English version or I don't want to subscribe		
	Mail and contact	Home address or Work address		
Please write your suggestions for the Alumni Association if any.				

Required information is marked with blue.

※After fill out , Please send this form to alumni@nims.go.jp by e-mail.