

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.