機密

國家衛生研究院產學合作研發計畫企劃書

一、計畫基本資料

計畫名稱	中文					
	英文					
計畫主持人姓名			職稱		電話	
合作條件以合作對象擁有優先技術移轉之權利或選擇權						□是 □否
本產學合作計畫是否有進行下列實驗 **（勾選下列任一項，需於計畫執行前須附相關實驗之同意文件）**						
□人體實驗/人體檢體			□人類胚胎/人類胚胎幹細胞			
□基因重組實驗/基因轉殖田間實驗			□動物實驗			
計畫摘要：						

二、合作廠商基本資料

公司名稱（中文）		成立日期	
公司名稱（英文）		資本額	
負責人		去年度營業額	
地址			
本案聯絡人		職稱	
聯絡電話		E-mail	
聯絡傳真			

＊請仔細研讀以下問題並據實勾選以表聲明：

（1）本公司為依法登記且二年內無違法紀錄，並從事或即將從事與計畫內容或技術性質相關業務者----------□是 □否

（2）本公司有依法繳交營利事業所得稅--------□是 □否
（請妥善保存相關資料，以供本院應主管機關要求備查）

合作廠商用印：

代表人：＿＿＿＿＿＿（簽章）

填表日期： 年 月 日

Confidential

National Health Research Institutes
Industry-Academia Collaboration Proposal

I. Information about the Project

Project Title					
Project Investigator		Title		Telephone No.	
Whether applicant could have right of first refusal or options?					□Yes □No
Please indicate, with a tick, any tests listed below **related** to this project. If with tick, applicant must provide **related** granted document.					
☐Human test/Human samples			☐Human embryo/Human embryo stem cells		
☐Genetic recombination test/Transgenic field trial			☐Animal test		
Project Summary:					

II. Information about Company (*Applicant MUST fill in the following form.*)

Name of Company		Date of Incorporation	
		Capital Amount	
Name of Company' s Representative		Gross Turnover Last Year	
Address of Company			
Contact Person of this Project		Title	
Telephone No. of Contact Person		E-mail of Contact Person	
Fax No. of Contact Person			

＊Please read the following questions carefully and provide answers accordingly:

1. The company was incorporated and approved by law and does not have any record of misconduct or conviction for any offense within the past two years and is either engaged in or is about to engage in business related to the utilization of the licensed technology.
   --□Yes □No
2. The company filed and paid the Profit-seeking Enterprise Income Tax regularly.
   --□Yes □No
   (Please keep relevant information for future reference in case of need.)

Signature of Applicant or Authorized Representative

Date

Print Name

Title