*Reference No.	

AY2021 Grant Proposal for RIMS Joint Research Activity (RIMS Workshop (Type B))

Date:

To	Director.	Research	Institute for	or Mathemat	ical Sciences,	K voto	University
	,				,		

Name of applicant (proposer):

Job title/affiliation:

Contact address:

e-mail:

Tel:

(Our grant proposa	al for the RIMS	Joint Research	Activity is a	as follows:

Research Subj	ect									
2. Research Category RIMS		RIMS W	Workshop (Type B)							
3. Travel Expenses	JPY									
4. Research Period: (YYYY/MM/DD) From					to		(days)		
				or the job title: PE: Pr te, R: Researcher, D: D						
Name	Af	filiation	Job Title	Name	Affiliation	Job Title	Nam	ie	Affiliation	Job Title
6 Overview of	the Re	search Act	ivity (Wei	te on the back of the	e nage)					
6. Overview of the Research Activity (Write on the back of the page.) (Do not enter the items marked with "*".)										
*Date of Receipt				*Screening Results		*R	esearch Field			

Overview of the Research Activity

			*Reference No.	
Research Subject				
Research Category	RIMS Workshop (Type B)			
roposer's Name				
Purpose of research (I	Describe in detail.)			
Dun annon af malata d man				
Progress of related res	earcnes			
Specific plans				
specific plans				
Major achievements o	f participants related to the proposed	Joint Research Activi	ty	
	an international conference, please fill out this ite		to	
nference Name:	research fields of the proposed Joint Research	Venue:	ld double circled	
	bra, Number theory, Geometry, Topology, Man			ieorv
	ations, Partial differential equations, Numerical			