**WHAT TO DO FOR YOUR APPLICATION**

CHECKLIST

Submit this sheet together with the application documents.

You can apply for the program if you meet the eligibility criteria. The following documents must arrive by 17:00 (JST) on 30th June 2025 through the following link to complete your application.

<https://docs.google.com/forms/d/e/1FAIpQLScZ5kAE3lJ6fW63I0Q7CePjrLMm4BM3exESzOf2jjMlyzkatg/viewform?usp=sharing>

If you have any questions, please feel free to contact the secretariat.

**ADB-JSP secretariat in School of International Health, The University of Tokyo**

**adb@m.u-tokyo.ac.jp, kaotanaka@m.u-tokyo.ac.jp**

※Please note that the deadline is absolute, and nothing will be accepted after this date.

**Applicants cannot apply for both the ADB-JSP program 2025 and the master’s program in the**

**Graduate School of Medicine. If both applications are found in screening, they will be considered invalid.**

**Name**: (Male / Female) (Family name) (First name) (Middle name)

**Application for**: □ Master course

Please tick ☑ for accompanying documents in the following and attach this sheet with the documents.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | □ | **Form #1** | Application form for admission |
| 2. | □ | **Form #2** | Self-evaluation form |
| 3. | □ | **Form #3** | Health certificate completed by a registered medical doctor |

4. □ **Copy of passport**

5. □ **Photograph**taken within the past six months.

6. □ **Official Academic Records**

A copy of the Diploma/Graduate Certificate and Transcripts; both are signed by the university.\*

\*　If the original Certificate document is issued in a local language, submit a notarized copy of the English translation as well.

7. □ **Certificate of Employment and Compensation/Income**

(ⅰ)be issued by the company with letterhead/logo and contact details. (stamped logo is not acceptable);

(ⅱ)　be signed by an authorized signatory(with printed name) with detail of position or official

designation.

(ⅲ) have complete details such as start and end date of employment, position, and monthly/annual income in USD; and

(ⅳ) not be computer-generated income

Note:

1. If the current employment is less than two years, a copy of a certificate from the previous

employment/s must be submitted to verify if the applicant meets the minimum 2-year full-time work

requirement.

1. If in local currency, submit the income conversation to the USD form provided by ADB-JSP.

**If unemployed:** Submit a certificate of unemployment and no income, and must:

1. be government-issued with its letterhead and contact details (stamped logo is not acceptable).
2. be signed by an authorized signatory with details of position or official designation.

8.□ **Certificate/Proof of Family Income or No Income**

Signed by an authorized signatory with printed name and details of position or official designation.

□Spouse(if the applicant is married) or □Father and □Mother (if the applicant is single)

If **employed:** The certificate of income must:

a. be issued by the company with its letterhead and contact details (stamped logo is not acceptable).

b. be signed by an authorized signatory (with printed name) with details of position or official designation.

c. not be computer-generated income

Note:

If it is in local currency, submit the income conversation using the USD form provided by ADB -JSP.

If **unemployed:** The certificate/proof of no income must:

1. be government-issued with its letterhead and contact details (stamped logo is not acceptable)
2. be signed by an authorized signatory with details of position or official designation.

If **deceased:** Submit a death certificate (issued by a government civil registration office)  
 If **retired:** Submit a retirement certificate (issued by a government civil registration office)

9. □ Score sheet of **TOEFL** (Test of English as a Foreign Language) or **IELTS** (International English Language Testing System) described on Form #2. A candidate should submit the score. This is a must.

10. □ **Information Sheet**

11. □ **A copy of the most critical research paper, report, or publication** authored by the applicant, if any.

12. □ **Curriculum vitae(free form)**

13 Evaluation Report and Recommendation Letter

Please write your recommender's information.

1. Name Affiliation Email address

2. Name Affiliation Email address

The ADB-JSP secretariat will send the Evaluation Report Form to the above recommenders. Please fill in a valid email address.

**Note:**

**1) Successful awardees must submit original documents by mail to the ADB-JSP secretariat in the School of International Health, the University of Tokyo.**

**2) Submitted documents will not be returned.**