

# REQUEST FOR CERTIFICATE

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Graduate School of Engineering                       | <input checked="" type="checkbox"/> Graduate School of Information Science & Technology |
| <input checked="" type="checkbox"/> VLSI Design & Education Center                       | <input checked="" type="checkbox"/> Center for Knowledge Structuring                    |
| <input checked="" type="checkbox"/> Information & Robot Technology Research Initiative   | <input type="checkbox"/> Institute of Gerontology                                       |
| <input checked="" type="checkbox"/> Organization for Interdisciplinary Research Projects |   |

To Dean /Director of \_\_\_\_\_

yyyy      mm      dd

I hereby request the following certificate:

Date:      /      /

Name in block letters	FAMILY		(MIDDLE)		GIVEN			
Date of Birth	yyyy	mm	dd	Seal or Signature				
	/	/						
Address	ZIP code	-						
Telephone No.				e-mail Address				
Briefly describe period of employment in UTokyo	Affiliation							
	Job Title							
	Period (Planned)	From (yyyy/mm)	/	To(yyyy/mm)	/			
Type of Certificate	No. of copies		Remarks Additional request, if any					
	Japanese	English						
Period of Employment								
(Planned)Resignation								
Planned Employment								
Salary			From	yyyy	mm	To	yyyy	mm
				/			/	
Withholding Slip (Gensen-Choshu-Hyo)		/	for yyyy		Japanese format only			
Other								
Purpose of use								
Place to submit								
Receive	<input checked="" type="checkbox"/> at our counter	<input checked="" type="checkbox"/> by post	<input checked="" type="checkbox"/> by e-mail attached	<input checked="" type="checkbox"/> Other				

*This form is for FACULTY and STAFF who was/is/will be employed by Graduate School of Engineering, Information Science & Technology, VLSI Design & Education Center, Center for Knowledge Structuring, Information & Robot Technology Research Initiative, Institute of Gerontology, and Organization for Interdisciplinary Research Projects ONLY. (If you need a certificate for JSPS Postdoctoral Research Fellow, please contact Japan Society for the Promotion of Science directly.)*

Please prepare the following items and send the address below:

1. Form of Request for Certificate
2. Copy of Public Certificate for identification (driver's license, passport & etc.)
3. Designated format (if any)
4. Self-addressed return envelope with appropriate stamps (if you choose by post)
5. Proxy letter and Proxy's Copy of Public Certificate (if the proxy apply for on behalf of you)

Contact Address: (Mon-Fri 9:00-17:00, except 12:00-13:00)  
 Personnel & Payroll Team, General Affairs Dept.,  
 Graduate School of Engineering & School of Information Science and Technology,  
 The University of Tokyo  
 7-3-1, Hongo, Bunkyo-ku, Tokyo 113-8656  
 【Personnel】 03-5841-6012 (Employment, Resignation & etc.)  
 【Payroll】 03-5841-1788 (Salary & Withholding Slip)  
[t-ijinji@t-adm.t.u-tokyo.ac.jp](mailto:t-ijinji@t-adm.t.u-tokyo.ac.jp) (Team e-mail Address)

*Ordinary issuance will be one week or so, but take more at our busy season, also depend on contents in certificate.*

# LETTER OF PROXY

**【Proxy】**

Date:                           <sup>yyyy</sup> /        <sup>mm</sup> /        <sup>dd</sup>

NAME in Block Letters		Seal or Signature						
Date of Birth	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">yyyy</td> <td style="width: 33%; text-align: center;">mm</td> <td style="width: 33%; text-align: center;">dd</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td></td> </tr> </table>	yyyy	mm	dd	/	/		
yyyy	mm	dd						
/	/							
Address	ZIP Code                    -							
Phone No.								
e-mail Address								

Reasons for delegation	<div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div>
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※Proxy's copy of identification is attached.

I hereby authorise the proxy above to submit the request for certificate on my behalf.

**【Applicant】**

Name in Block Letters		Seal or Signature						
Date of Birth	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">yyyy</td> <td style="width: 33%; text-align: center;">mm</td> <td style="width: 33%; text-align: center;">dd</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td></td> </tr> </table>	yyyy	mm	dd	/	/		
yyyy	mm	dd						
/	/							
Address	ZIP code                    -							
Phone No.								
e-mail Address								