

Job Opportunity at Integrated Glyco-BioMedical Research Center,
Institute for Glyco-core Research, Nagoya University

1	Title	Recruitment for Designated Professor (non-tenure track faculty position)	
2	Affiliation	Integrated Glyco-BioMedical Research Center (iGMED), Institute for Glyco-core Research (iGCORE)	
3	Content of job information	<p>[Center's Overview and Recruitment Policy] Nagoya University is aiming to become a regional, national and international development and research hub in the fields where the University can demonstrate its strong advantages and competitiveness. The Integrated Glyco-BioMedical Research Center (iGMED) is seeking a candidate to work in the leading field of glycan and life sciences. The successful candidate will primarily execute research initiatives in advanced glycan research and life sciences .</p> <p>[Job Description] Structural analysis of glycan (glycan analysis)</p> <p>[Address] Nagoya University 65 Tsurumai-cho, Showa-ku, Nagoya, Aichi, Japan</p> <p>[Number of Position] 1</p> <p>[Start Date] April 1, 2022</p>	
4	Research field	large category	Chemistry, Biology
		small category	Applied chemistry(Analytical chemistry), Biological Science(Structural biochemistry)
5	Employment status	Full-time (Nontenured) Until March 31, 2028 (Extension is possible after evaluation.)	

6	Qualifications	<p>Qualifications:</p> <ol style="list-style-type: none"> 1. Hold a Ph.D. (or equivalent diploma conferred overseas) 2. Capable of providing appropriate education and research 3. Possess achievements in obtaining external funds 4. Possess achievements in international research activities 5. Capable of committing to interdisciplinary research at the Institute for Glyco-core Research 6. Possess excellent insight into glycan analysis 7. Possess practical experience and excellent results in research on glycan analysis, and sufficient experience in managing the research.
7	Compensation	<p>*Conditions and benefits are determined by the employment and payroll regulations of the Tokai National Higher Education and Research System.</p> <ul style="list-style-type: none"> • Working Hours: 38 hours and 45 minutes per week, 7 hours and 45 minutes per day • Holidays: Saturdays, Sundays, national holidays, year-end and new year holidays, and summer holidays • Salaries and Benefits: determined by the payroll regulations (annual salary system) • Social Insurance: MEXT mutual union, unemployment insurance and occupational injury insurance
8	Application period	Closing date for receipt of applications is 5:00 p.m. on January 24, 2022.
9	Application /selection /notification of result /contact details	<p>(To Apply)</p> <p>Applications to include the following submitted on an A4-size paper</p> <ol style="list-style-type: none"> 1. Curriculum Vitae (CV) (with a photo, telephone number and email address) and Resume of work experiences (please refer to the attachment.however any format can be used as long as the items listed in the attached form are covered.) 2. Record of academic achievements (please refer to the attachment.however any format can be used as long as the items listed in the attached form are covered.) 3. Description of your expectations and hopes in working as a member of the Center (free format.approx.400 words) 4. Contact details of two (2) references: please include names, affiliations, contact information (telephone numbers, email addresses) 5.Written oath(please refer to the attachment) <p>*Attachment https://nuss.nagoya-u.ac.jp/s/HznTSRre9p5i4Sa</p> <p>(Address)</p> <p>Tokai National Higher Education and Research System, Research Strategy Department, Research Planning Division, Furo-cho, Chikusa-ku, Nagoya, Aichi, Japan 464-8601</p>

		<p>*Please write in front of the envelope, "The iGMED Application Form(glycan analysis) contained", and send it to the above address by registered mail.</p> <p>*Applications will not be returned once accepted.</p> <p>*In accordance with the Tokai National Higher Education and Research System Regulations, your personal information is used only for the purposes of screening and will not be used for any other purposes.</p> <p>(Screening Process, Notification)</p> <p>Results of the formal screening will be notified to successful applicants by post or by email within one month after the close of recruitment period.</p> <p>Shortlisted candidates will be given a chance to undergo a formal interview. When conducting an interview, at the beginning of the interview, you will be asked to give a presentation of self-promotion and aspirations at the iGCORE for about 10 minutes using PowerPoint.</p> <p>Date of Interview: Late January to early February 2022 (planned)</p> <p>*In the interview, applicants will be questioned on the degree of their understanding of Nagoya University, research promotion efforts of the Center, and demonstrable evidence of individual responsibilities, collaboration and interpersonal communications skills.</p> <p>*All travel/accommodation expenses and other incidental expenses incurred for the interview will be borne by the applicant.</p> <p>(Contact)</p> <p>Tokai National Higher Education and Research System, Research Strategy Department, Research Planning Division, Kojima Sachiyo email: igcore-syomu_at_adm.nagoya-u.ac.jp (Please replace _at_ with @ when sending an email.) Inquiries must be made by email. Mail title: "Recruitment"</p>
10	Additional information	<p>Nagoya University promotes gender equality and employment of foreign teaching staff. All qualified applicants with excellent academic records and skills regardless of gender and nationality are encouraged to apply. We look forward to receiving your application.</p>

Curriculum Vitae

DATE:

(2)	Furigana							Sex	
	Name								
		In the Roman alphabet							
		(Y)	(M)	(D)	Date your last name was changed	Former last name		Furigana	
(3)	Date of Birth	(Y)	(M)	(D)	Age		years old		
(4)	Address	〒 -							

(1) Please attach a photo of your face here.
(Write your name on the back)

Height 3.5cm-4.0cm
×
Width 3.0cm-3.5cm

(5)	Year	M	D	~	Year	M	D	School Name (school, department, major, etc.)	Completion Category	Evening/Correspondence

(6)	Year	M	D	Degree Name	Awarding Institution	Year	M	D	Degree Name	Awarding Institution

(7)	Year	M	D	Title/Name (Accrediting Institution)	License Registration Number

(8)	Special Notes	
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©Note Please read both "CV Completion Guide" and "CV (Example)" before filling out your CV.

Form No.2

Name _____

(9) Work History				Affiliated Organization Name (Enter up to department/division.)	Job Title	Job Duties and Research/Medical Practice *Give specific details.	Employment Status		
Date: (Year Month Day ~ Year Month Day) (Expected resignation date must also be filled in.)							Compen sation	Full-time/Part-time	Average Weekly Work Hours
Year	Month	Day	Resignation Date						
1			~						
2			~						
3			~						
4			~						
5			~						
6			~						
7			~						
8			~						
9			~						
10			~						
11			~						
12			~						
13			~						
14			~						

(10) Special Notes

Form No.2-2

Name _____

(9)	Work History				Employment Status		
	Date: (Year Month Day ~ Year Month Day) (Expected resignation date must also be filled in.)	Affiliated Organization Name (Enter up to department/division.)	Job Title	Job Duties and Research/Medical Practice *Give specific details.	Compen sation	Full-time/ Part-time	Average Weekly Work Hours
15	~						
16	~						
17	~						
18	~						
19	~						
20	~						
21	~						
22	~						
23	~						
24	~						
25	~						
26	~						
27	~						
28	~						

(10) **Special Notes**

CV Completion Guide

General Instructions

1. Unless stated otherwise, enter the information on the form and then print it out on A4-sized paper. However, when unavoidable, you may fill out the printed form in black or blue ink.
2. Do not make changes to the format, such as adjustment of the margins or the arrangement of the ruled lines (you may change the font size).
3. Use the western calendar when specifying the year.
4. In case the available space on Form No. 2 is insufficient, please use Forms No. 2-2 and No. 2-3.
5. For light blue cells on the excel sheet, please make a selection from the drop-down list. Fill in the yellow cells only when applicable.

Instructions for Form No.1

(1) The “Portrait Photo Attachment” Section

Please attach a well-lit photograph taken within the last 3 months that shows the upper portion of your body, facing forward, with no hat (write your name on the back of the photo).

* Size: 3.5-4.0cm (H) x 3.0-3.5cm (W).

* Both black & white photos and colored photos are allowed.

* You may include the image as an attachment.

(2) The “Name” Section

① Please enter your name as it appears on your family registry or other official documents, and be sure to include its reading in furigana above. Include a full-sized (double-byte) space between your last (family) and first (given) names.

② For those who are only citizens of a country other than Japan, enter your name as it appears on your residence card. Or, if you have yet to register as a foreign resident, please enter the name printed on your passport in the order of last (family) name, first (given) name, middle name in the Roman alphabet.

③ When writing your name in the Roman alphabet, use the Hepburn style and enter your name in the order of last (family) name, first (given) name, middle name. Capitalize all letters of your last name and the first letter of your first name, while leaving your middle name in lower case.

Ex: LAST First middle

④ For anyone who has changed their last (family) name, please also enter your former last name, its reading in furigana, and the date it was changed as found on an excerpt from your family register (Koseki Shouhon) or similar document.

(3) The “Date of Birth” Section

For your age, please enter your age as of the date on which you complete the CV.

(4) The “Address” Section

For the “Address” section, please enter your current address as of the date on which you complete the CV.

(5) The “Educational History” Section

- ① Please enter, without any omissions, your educational history since graduating from high school (technical college, junior college, university, graduate school, technical school, etc.).
- ② For dates of enrollment and graduation/completion, please be sure to enter them for all items without any omissions. If you are uncertain of a date, please enter the year and month.
- ③ Enter your educational history in chronological order, starting from the earliest dates.
- ④ For the “School Name” section, please enter the name in its entirety, including the school, graduate school, major/unit/program, or school (of the university), department, course, etc.
- ⑤ For the “Completion Category” section, please select the relevant option from among those provided in the “List of Completion Categories” below.
- ⑥ If university programs are classified into a master’s program and a doctoral program, please enter them as such.
- ⑦ For the “Evening/Correspondence Education” section, please select “Evening” if the course concerned is an evening course, and “Correspondence” if the course concerned is a correspondence course.
- ⑧ If you have graduated from multiple undergraduate and/or graduate programs, transferred between schools, or have any other histories, please include all of it within your educational history.
- ⑨ If you have either transferred between schools or enrolled after graduating from another school, please enter “transferred as a X year” or “enrolled as a X year after graduating from another school” after the name of the school, etc.
- ⑩ If you took a leave of absence, start a new line after the name of the school, etc. and enter “Leave of absence: YYYY/MM/DD - YYYY/MM/DD” .

List of Completion Categories

Graduated / Graduation Expected / Completed / Completion Expected / Withdrew / Withdrawal Expected / ABD / ABD Expected / Transfer Between Schools / Transfer Between Schools (of University) / Department Transfer / Transfer Between Graduated Schools (of University) / Expulsion / Enrolled

(6) The “Degrees” Section

In the “Degrees” section, for doctoral level degrees (such as Doctorate (xx-ology), Ph.D (Doctor of Philosophy), etc.), professional degrees, and undergraduate degrees that are accredited by the National Institution for Academic Degrees and Quality Enhancement of Higher Education (including the former National Institution for Academic Degrees and University Evaluation), enter the date you were awarded the degree (YYYY/MM/DD) and the name of the awarding institution (as found on your diploma or certificate of graduation).

There is no need to enter other undergraduate degrees or master’s degrees here.

In addition, if you have not yet been awarded a degree but are expected to be prior to your first day of employment, please enter “expected” after the name of the degree concerned.

(7) The “Licenses, Qualifications, etc.” Section

For any licenses or other qualifications that are legally and professionally necessary to conduct your duties at our university, please enter the date obtained, the name of the license or qualification (as well as the name of the accrediting institution), and the license registration number.

Regarding driver’s licenses, unless you are being hired as a driver or for a similar position, please do not enter them here.

【Licenses and other qualifications you are required to list (examples)】

- Medical License • Dental License • Nursing License • Midwife’s License
- Pharmacist’s License
- Teaching License (School Level, License Category, Subject)
- The Heisei XX National University Corporation Personnel Hiring Test for the Tokai and Hokuriku Regions, (XX) Passed

(8) The “Special Notes” Section

When you have any experience in short-term language study abroad programs or attended schools other than the technical schools and various other schools which have been recognized under the School Education Act (such as English conversation schools), please enter into this section, if it is related to your expected work duties or other responsibilities and particularly necessary to mention them. Also enter any other matters which you believe to be particularly necessary to mention.

Instructions for Form No. 2

(9) The “Work History” Section

- ① If you have worked at multiple institutions in the past, please be sure to enter all of them here in your work history without any omissions. In case you do not

have a work history, please enter “No work history” in the “Affiliated Organization Name” section.

- ② Whenever there are any changes to the affiliated organization name, job title, or employment status, please enter them on the next line. If you have been temporarily transferred, or have worked as a dispatch worker for a temp agency, please enter “(transferred (or dispatched) from XX)” after the affiliated organization name.
- ③ Enter your work history in chronological order, starting from the earliest dates.
- ④ For the “Date” section, please be sure to enter all start dates and dates of (expected) resignation without any omissions.
- ⑤ For the “Affiliated Organization Name” section, please enter all information up to your affiliated department and division accurately and without any omissions.
- ⑥ For the “Job Title” section, please enter the official job title or position as you were notified by your affiliated organization.
- ⑦ For the “Job Duties and Research/Medical Practice” section, please enter the specific details of the work, research, and/or medical practice you actually carried out in the position.
- ⑧ For the “Compensation” section, please select either “Paid” or “Unpaid” depending on whether or not you received compensation from the affiliated organization while a member.
- ⑨ For the “Full-time/Part-time” section, select “Full-time” if you worked as a full-time employee and select “Part-time” if you were not a full-time employee*. In addition, if you select “Part-time”, please enter the number of average weekly work hours (not including overtime) or prescribed work hours into the “Average Weekly Work Hours” section.
- ⑩ If your history includes any of a number of unpaid experiences, such as research student, auditing student, special auditing student, non-degree student, special research student, international student, or guest researcher (hereinafter “research students, etc.”), please enter the name of your affiliated organization (up to the name of the school/graduate school, etc. for universities, and up to the name of the research room/laboratory, etc. for research institutions) in the “Affiliated Organization Name” section, and enter the kind of research students, etc. in the “Job Title” section,.
Also, for the “Average Weekly Work Hours” of the “Employment Status” section, please enter the average number of hours per week that you engaged in research (or medical practice).
In addition, please select “Unpaid” in the “Compensation” section and leave the “Full-time/Part-time” section blank.
- ⑪ If you have any history of involvement with JSPS, please enter the name of the research institution that sponsored you in the “Affiliated Organization Name”

section and also enter as “XX University (JSPS)” in the same section, and for the “Job Title” section, enter the appropriate fellowship title, such as Research Fellowship for Young Scientists, Overseas Research Fellowship, Postdoctoral Fellowship for Research in Japan, or Invitational Fellowship for Research in Japan.

Also, for the “Average Weekly Work Hours” of the “Employment Status” section, please enter the average number of hours per week that you engaged in research (or medical practice).

In addition, please select “Unpaid” in the “Compensation” section, and leave the “Full-time/Part-time” section blank.

- * If you were a worker with a fixed term contract (day worker, temporary worker, seasonal worker, fixed-term employee, part-time job worker, commissioned worker, part-time employee, contract employee, etc.) or a part-time worker, etc., please select “Part-Time”.

(10) The “Special Notes” Section

In your work history, if there is a period that you were unable to work for a month or longer due to illness, medical treatment or any other reasons while you are employed, please indicate the period and the reason for the leave of absence here.

Also enter any other matters which you believe to be particularly necessary to mention.

Example

Curriculum Vitae

Please avoid any discrepancies or omissions by first checking the relevant certificates and/or confirming directly with organizations or institutions to which you belong or have belonged before filling out the contents of your CV.

As of February 1, 2018

(2) Furigana	めいだい たろう					Sex
Name	MEIDAI Taro					Male
	In the Roman alphabet	MEIDAI Taro				
	2014 (Y) 12 (M) 1 (D)	Date your last name was changed	Former last name	NAGOYA	Furigana なごや	
(3) Date of Birth	1983 (Y) 4 (M) 12 (D)	Age	35 years old			
(4) Address	〒 464 - 8601 405 Corpo Higashiyama 1-2-3 Furo-cho, Chikusa-ku, Nagoya					

(1) Please attach a photo of your face here.
(Write your name on the back)

Height 3.5cm-4.0cm
×
Width 3.0cm-3.5cm

(5) Educational History	Year	M	D	~	Year	M	D	School Name (school, department, major, etc.)	Completion Category	Evening/Correspondence
	yyyy	4			~	yyyy	3	25	Nagoya University, School of ○○, Department of ○○	Graduated
yyyy	4			~	yyyy	3	26	Nagoya University, Graduate School of ○○, Department of ○○ in the Master's Program	Completed	
yyyy	4			~	yyyy	3	25	Nagoya University, Graduate School of ○○, Department of ○○ in the Doctoral Program	Completion Expected	
				~				If you have taken a leave of absence while enrolled, specify the period for the leave of absence under the name of the school.		
				~						
	yyyy	4		~	yyyy	3	26	Nagoya University, Graduate School of ○○, Department of ○○ in the Doctoral Program (Leave of absence (Month Day, Year) : ~)	Completed	
								If the course is an evening or correspondence course, select either "Evening" or "Correspondence".		
	yyyy	4	1	~	yyyy	9	30	○○ University, School of ○○, Department of ○○		Evening
	yyyy	10	1	~	yyyy	3	25	Nagoya University, School of ○○, Department of ○○ (Transferred to third year)	Graduated	
				~				Fill in the degree name as written on the diploma / certificate etc.		

(6) Degrees	Year	M	D	Degree Name	Awarding Institution	Year	M	D
	yyyy	3	25	Doctorate (xx-ology)	Nagoya University			
	yyyy	3	25	Doctorate (xx-ology) (expected)	○○ University			

If you have transferred between schools or enrolled after graduating from another school, enter "(Transferred as a X year)" or "(Enrolled as a X year after graduating from another school)" after the name of the school.

(7) Licenses, Qualifications, etc.	Year	M	D	Title/Name (Accrediting Institution)	License Registration Number
	yyyy	mm	dd	○○License (Ministry of ○○○○)	○○○○○○

When you have not completed the doctoral program but are expected to complete, enter "expected" after the name of the degree.

(8) Special Notes	(Month Day, Year) ~ : Language study abroad
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©Note ... Please read both "CV Completion Guide" and "CV (Example)" before filling out your CV.

Example

If the employment status is "full-time", you do not need to fill in the "Average Weekly Work Hours" section.

Name **MEIDAI Taro**

(9) Work History													
Date: (Year Month Day ~ Year Month Day) (Expected resignation date must also be filled in.)			Affiliated Organization Name (Enter up to department/division.)	Job Title	Job Duties and Research/Medical Practice *Give specific details.	Employment Status							
						Compen- sation	Full- time/ Part- time	Average Weekly Work Hours					
1	yyyy	mm	dd	~	yyyy	mm	dd	OO University, Graduate School of OO, Department of OO	Research Student	Engaged in research on OO under Professor OO, and carried out OO.	Unpaid		30.00h/w
2	yyyy	mm	dd	~	yyyy	mm	dd	OO University (Japan Society for the Promotion of Science)	Research Fellow	Engaged in research on OO and carried out OO.	Unpaid		40.00h/w
3	yyyy	mm	dd	~	yyyy	mm	dd	OO University Hospital, Department of OO	Medical Staff (Medical Intern)	Engaged in clinical practice of OO at OO.	Paid	Part-time	38.75h/w
4	yyyy	mm	dd	~	yyyy	mm	dd	OO Medical Corporation, OO General Hospital, Medical Emergency Center, Department of OO	Medical Doctor	Engaged in medical services such as surgery and outpatient services in the Department of OO.	Paid	Part-time	30.00h/w
5	yyyy	mm	dd	~	yyyy	mm	dd	OO Prefectural OO Hospital, Division of OO	Medical Doctor	Engaged in medical services such as outpatient services in the Division of OO.	Paid	Full-time	
6	2017	4	1	~	2018	9	30	OO University, School of OO	Part-time Lecturer	As a part-time lecturer at the School of OO, gave the lectures "OO Introduction II" and "OO study" .	Paid	Part-time	6.00h/w
7	2017	4	1	~	2019	3	31	OO Co., OO Research Center, OO Department, OO Division	Senior Researcher	Engaged in research and development for OO, and conducted OO as a project leader.	Paid	Full-time	
8	yyyy	mm	dd	~	yyyy	mm	dd	OO University, Institute of OO (Transferred from OO Foundation)	Researcher	Engaged in research on OO and carried out OO.	Paid	Full-time	
9	yyyy	mm	dd	~	yyyy	mm	dd	OO University, Graduate School of OO, Department of OO	Assistant Professor	Engaged in teaching and research in the School/Graduate School of OO, as well as conducting research on OO.	Paid	Full-time	
10				~				If you have worked at multiple institutions at the same time, enter all of them without any omissions.		Enter numerical values to display average weekly work hours (or prescribed work hours) and average weekly research (or medical practice) hours.			
11				~				No work history		(Example 1) Weekly work hours is 30 hours: Enter "30" ⇒ Displayed as "30.00h/w." (Example 2) Weekly work hours is 38 hours 45 minutes: Enter "38.75" ⇒ Displayed as "38.75h/w."			
12	If you do not have any work experience, write "No work history".												
13				~									
14				~									

(10) Special Notes									
(Month Day, Year) ~ : Sick leave (Reason: Injury or sickness due to off-the-job causes) (Month Day, Year) ~ : Child-care leave (Reason: For raising children)									

研究業績リスト

2022年 月 日現在
氏名

○査読論文

(主著者(筆頭著者)ではないが、責任著者(corresponding author)となっているものについては○印を、国際共著論文(海外大学・機関との共著論文)は*印を付してください。

○その他論文

○講演・口頭発表等

○書籍等出版物

○受賞歴

○競争的資金等の研究課題（研究課題名、代表・分担の別、獲得金額、期間等、詳細を記載）

○特 許

○指導歴・担当経験のある科目

○委員歴

○その他（社会貢献項目等）

Written oath

I solemnly swear to observe under mentioned conditions in the following issues :

The submitted application documents are the same as the facts. If it turns out to be false, there is no objection to the cancellation of the hire.

Date _____ :

Signature: _____