

中央研究院農業生物科技研究中心 獎補助生/兼任助理注意事項

Required Documents for Application

新進人員請於起聘日前或到職當日上午至行政室完成報到及繳交資料

(博士生、碩士生、大專生) [院內經費、科研基金]

- 1.獎助學金申請表 (Application Form)
- 2.人事資料卡 (Personal Information Form)
- 3.迴避進用具結書 (Declaration)
- 4.學生無專職工作聲明書 (Full-time Student Declaration)
- 5.研究室人員研發成果歸屬與保密同意書 (Ownership & Confidentiality Agreement)
- 6.農科大樓門禁申請表 (ABRC--Access Card Application Form)
- 7.學生證正、反面影本 (A Photocopy of Student ID)
- 8.註冊繳費單據或在學證明書 (Tuition Payment Receipt or Certificate of Enrollment)
(若學校已不蓋註冊章於學生證上,請繳交學校開立之註冊繳費單據或在學證明書;另外每一學期須再繳交已蓋註冊章之學生證影本或繳費證明/在學證明。 Please submit your Tuition Payment Receipt or Certificate of Enrollment for each semester.)
- 9.最高學歷畢業證書影本 (Highest Education Diploma)
(國外學、經歷證明文件,須經我國駐外使領館或指定機構驗證。證明文件為中、英文以外之語文,聘僱人員應附中文譯本。)
- 10.身分證正/反面或護照與居留證影本 (A photocopy of ID card or Passport and ARC)
- 11.郵局存簿封面 (有局號及帳號) 影本 (A photocopy of Postal Passbook)
- 12.二吋照片 1 張 (A 2-inch Recent Photo)
- 13.中央研究院獎助生同意書 1 式 3 份 (Academia Sinica Scholarship Student Consent Form, 3 counterparts)

- ※ 在學研究生或大專學生不得擔任專任助理。
- ※ 研究生或大專學生如已完成休學離校或畢業,即不具學生身分,不得擔任兼任助理/獎補助生,亦不能領取支領獎助金。
- ※ 研究生或大專學生如已辦理休學或畢業,請辦理離職程序,並請提供學校開立之休學證明書或畢業證書或離校證明文件。

中央研究院農業生物科技研究中心獎助學金申請表

Scholarship Application Form

Date: _____

學 生 姓 名 Name of the Student	Last/Surname Name (姓) _____ First Name (名) _____
經 費 來 源 Source of Expense	<input type="checkbox"/> 中心業務費 <input type="checkbox"/> 院方主題計畫，計畫名稱： _____ <input type="checkbox"/> 科研基金，計畫名稱： _____ <input type="checkbox"/> 科技部，計畫名稱： _____ <input type="checkbox"/> 其他： _____
受獎助者名稱 Job Title	<input type="checkbox"/> 博士生 (未獲博士候選人資格) Ph.D. Student _____年級 Grade <input type="checkbox"/> 博士生 (獲博士候選人資格) Ph.D. Candidate _____年級 Grade <input type="checkbox"/> 碩士生 Graduate Student _____年級 Grade <input type="checkbox"/> 大專生/大學生 Undergraduate Student _____年級 Grade
獎 助 金 額 Scholarship/Monthly	
獎 助 期 間 Period of Scholarship	自 _____年 _____月 _____日起至 _____年 _____月 _____日止 From Year Month Day to Year Month Day
最 高 學 歷 Academic Background	<input type="checkbox"/> 碩士 Master <input type="checkbox"/> 學士 Bachelor <input type="checkbox"/> 其他 Others _____
本 人 聲 明 事 項 Statement (請參閱說明)	<p>是否接受其他獎助學金 (If you receive other scholarships from sources outside of ABRC, please complete the section below.)</p> <input type="checkbox"/> 未接受其他獎助學金 (I have no outside scholarships to report.) <input type="checkbox"/> 有接受其他獎助學金 (I receive an outside scholarship, see below) , 由 _____補助 (Name of Scholarship) , 每月 _____元 (amount of scholarship per month) , 獎助期間 _____(duration) 。 本人聲明並保證遵守「中央研究院獎助學金支給要點」之規定申請貴院學生獎助學金；若經查證違反規定，願停止受領本獎助學金並繳回溢領金額。 本人簽名 (Signature of Applicant) : _____
計畫主持人簽名 Signature of Principle Investigator and/or Professor	
會 簽 行 政 室 Administrative Official Stamp	
主 任 批 核 Signature of Director	

說明：

- 獎助對象：獎助具有大專校院或研究所學籍之在學學生，學習及參與中央研究院研究人員研究者。
- 獎助標準：研究人員得以獎助對象之表現，依大專學生至博士班研究生等不同資格給與獎助。
- 支領限制：依據「中央研究院獎助學金支給要點」之規定，同一獎助對象領取本院公務預算及基金內來自政府相關部門經費之總額不可超過獎助標準上限。有專職者不可申請。違反規定者應繳回溢領款項。
- 受獎助對象應備妥學生證影本（其他必須證明文件）等申請資料；另外，受獎助對象每一學期須再繳交已蓋註冊章之學生證影本或繳費證明/在學證明，以繼續領取獎助。如無法提供繳費證明等文件者，將終止獎助。
- 研究生或大專學生如已辦理休學或畢業，請辦理離職程序，並請提供學校開立之休學證明書或畢業證書或離校證明文件。

中央研究院農業生物科技研究中心(博士生、碩士生、大專生)人事資料卡 Personal Information Form

姓名 Name	中文 Chinese			填表日期 Date of Filling Form	(西元) 年/year 月/Month 日/Day
	英文 English	(Last name)	(First name)	出生日期 Date of Birth	(西元) 年/year 月/Month 日/Day
統一(居留)證號 ID(ARC) No.				護照號碼 Passport Number	
性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		婚姻 Marriage	<input type="checkbox"/> 已婚 Married <input type="checkbox"/> 未婚 Single	
國籍 Nationality			職稱 Title of Position	<input type="checkbox"/> 博士生 <input type="checkbox"/> 碩士生 <input type="checkbox"/> 大專生 Ph.D. Student Graduate Student Undergraduate Student	
到職日期 Date of Reporting to ABRC	(西元) 年/year 月/Month 日/Day			月支酬金 Salary/Month	
戶籍地址 Permanent Address	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
現居地址 Present Address	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
聯絡電話 Phone Number	住宅電話(Home Phone No.):		手機(Mobile Phone No.):		
電子信箱帳號 E-mail Address					
緊急連絡人 (in case of emergency)	姓名 Name:		住宅電話(Home Phone No.): 手機(Mobile Phone No.):		
學歷 Education	學位 Degree	學校名稱 Name of School	科系(所) Department	起迄日期 Starting/Ending Dates	
				(西元) 年 月 日~ 年 月 日 Y M D~ Y M D	
				(西元) 年 月 日~ 年 月 日 Y M D~ Y M D	
現就讀學校 Studying at				(西元) 年 月 日~ 年 月 日 Y M D~ Y M D	
工作經歷 Work Experience	服務機構 Organization/ Company		職稱 Title of Position	起迄日期 Starting/Ending Dates	
				(西元) 年 月 日~ 年 月 日 Y M D~ Y M D	
備註 Remarks	<input type="checkbox"/> 原住民身分 (<input type="checkbox"/> 平地民族 <input type="checkbox"/> 山地民族), 原住民族別 Aborigines: _____ 族 (Tribe) <input type="checkbox"/> 身心障礙人士 Physical disability, 身障類別 Type: _____, 等級 Degree: _____				

Declaration

I, the Declarant _____, holding a position of Part-time Assistant at Agricultural Biotechnology Research Center, Academia Sinica, hereby declare that I am not the spouse, blood relative nor in-law within three degrees of consanguinity to the minister of the authority, the director of the unit or the PI or Co-PI at the time of appointment. This Declaration shall be subject to the penalty of perjury and misrepresentation under the laws and contractual liability.

Declarant:

ID Number:

Home Address:

Contact Telephone Number:

Date: _____ (M) _____ (D) _____(Y)

學生無專職工作聲明書

姓名 Student Name :	身分證號 ID/ARC :	出生日期 Date of Birth : 年 Y 月 M 日 D
就讀學校 Name of School Attending : _____ 大學 University _____ <input type="checkbox"/> 系 <input type="checkbox"/> 研究所 Institute/Department		年級 Enrolled in Grade :
給付所得單位 (以下簡稱貴單位): 中央研究院農業生物科技研究中心		

本人未以專職員工身分參加全民健康保險，且受領 貴單位之（兼職）薪資所得，未達中央勞工主管機關公告之基本工資，依全民健康保險扣取及繳納補充保險費辦法第4條第3項第7款規定，請 貴單位免扣取本人補充保險費，謹依照該辦法第5條第1項第7款規定，提具下列證件，以資證明。如有不實，願依全民健康保險法暨相關法律規定處理，特此聲明。

聲明人：

(簽章 Student Signature)

計畫主持人：

(簽章 PI/Professor Signature)

中華民國

年

月

日

附件：蓋有註冊章之學生證正、反面影本或最近一學期之學校註冊單(浮貼)

(Translation)

**AGREEMENT ON OWNERSHIP AND CONFIDENTIALITY OF RESEARCH AND
DEVELOPMENT ACHIEVEMENTS BY ACADEMIA SINICA LABORATORY
PERSONNEL**

Prescribed on September 17, 2015
(applicable to all personnel studying at Academia Sinica)

I am one of the personnel of the [laboratory] (hereinafter referred to as "Laboratory"), headed by principal investigator Dr. [name] (hereinafter referred to as "PI") under the [institute name] Institute of Academia Sinica. In order to determine the ownership of the research & development achievements based on my research while studying at Academia Sinica and protect the confidentiality of such R&D achievements, I hereby agree to the following:

1. I agree that any pre-proposals, concepts, discoveries, inventions, improvements, formulas, processes, manufacturing techniques, works and relevant intellectual property rights ("R&D achievements") generated from research in Academia Sinica shall be deemed the results of performance of official duties, and the ownership of the R&D achievements shall be governed by the Regulations for Ownership and Utilization of Scientific and Technological Research and Development Achievements of Academia Sinica, the Guidelines for Copyrights of Academia Sinica, and other applicable laws and regulations.
2. I shall be obligated to assist in applying for registration of, or other relevant preservation measures for the R&D achievements under the preceding article, without remuneration.
3. I guarantee that while undertaking the academic research, I will not intentionally infringe any third party's intellectual property rights or plagiarize any third party's R&D achievements.
4. I am obligated to keep the following information confidential and to take appropriate measures against any disclosure thereof:
 - (1) All the discussions, documents, records, drawings, manuscripts, programs, plans, databases, and other relevant information, including but not limited to any written, audio, visual or software records, in connection with the research projects conducted at the Laboratory.
 - (2) Information to be kept confidential, as instructed by the PI in writing or orally.
 - (3) Information that only the persons designated by the PI may listen to, read or use.
 - (4) Information that has not yet been made public, or that no third parties have any legitimate access to.
5. Without the prior written consent of the PI, I shall not do any of the following acts with respect to the information in the preceding article:

- (1) Providing, delivering, or making known or disclosing to third parties the information in any way or for any reason, except for academic discussions at the Laboratory with the permission of the PI.
 - (2) Unauthorized use of the information in any work not assigned by the PI.
 - (3) Unauthorized copying, photocopying, or other means of reproducing all or part of the information.
 - (4) Providing the information in any way to third parties for use or reference, or any other acts infringing any rights or interests of Academia Sinica or the PI.
6. As soon as the above information is made known to the public or is declassified, I shall be released from the nondisclosure obligation under the preceding two articles.
7. While studying at Academia Sinica, without the prior written consent of the PI, I shall not, for myself or a third party, participate in any project identical to the projects conducted by the Laboratory, or any similar or associated projects.
- I shall not provide third parties with any consultation in connection with the projects characterized in the preceding paragraph, except for academic research discussion.
8. If I breach any part of this Agreement, I will be liable for the breach.
9. This Agreement shall be governed by the laws of Taiwan, and any disputes or lawsuits arising out of this Agreement shall be submitted to the jurisdiction of the Taiwan Taipei District Court.

I have read all the terms in this Agreement and confirm my acceptance by appending my signature hereto:

By: _____ (signature or personal seal)

ID No. _____

Correspondence Address:

Domicile:

E-mail: _____

Phone No.: _____

Date: _____ (M) _____ (D) _____ (Y)

中央研究院農生中心-農科大樓門禁申請表

ABRC--Access Card Application Form

申請日期 Date: 年(Y) 月(M) 日(D)

申請人姓名 Chinese Name		職稱 Job Position		室別 Lab No.	
英文姓名 English Name		辦公室 電話 Office		手機 Cell Phone	
到職日期 Star date		主持人 簽章 PI Signature		行政/ 人事 Staff	

說明：

1. 門禁卡僅限本人使用，嚴禁轉借。(Borrowing or lending Access Card is prohibited.)

2. 填寫完畢後，請攜帶此表至農科大樓 1 樓警衛室找大樓管理員辦理門禁。

(After completing the form, please bring this form to see the Building Maintenance Supervisor at the Security Office on the first floor of Agricultural Technology Building for further assistance.)

申請人姓名 Name of the Applicant(s)	管理人員： Approval of Lab Manager	主任委員： Approval of Committee Chair
1.		
2.		
3.		
4.		

卡片編號 Card No.	
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備註：		
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Academia Sinica Scholarship Student Consent Form

✧ To protect your rights, please read the information below and sign. ✧

※ The scholarship student does not enter any employment that has personality, economic, or organizational affiliation under the Labor Standards Act during the participation in the research.

Type	Scholarship Student
Guidelines	Guidelines for Academia Sinica Scholarship Payments
Ownership of Research Results	<p>1. Copyrights: If the Academia Sinica (AS) researcher only provides concept guidance on the research, the copyrights remain with the student. If the AS researcher not only provides concept guidance but also participates in the expression of content, and jointly finishes the report with the student, the researcher owns the joint copyrights with the student.</p> <p>2. Patent Rights: The owner of the patent rights to the research results is determined by paragraph 2, Article 5 of the Patent Act. If the student is the inventor/utility model creator/designer, he/she is entitled to and may file the patent prosecution for the research results pursuant to paragraph 1 of the same Article. If the AS researcher has substantial contribution in the production of the thesis research results, he or she may be named as the joint inventor.</p>
Signature of Scholarship Student (If under 20 years of age, signature of legal representative is needed.)	<p>1. The scholarship student shall comply with the “Guidance on Academia Sinica Scholarship Payment.” If any violation is found and sustained, the scholarship will be suspended, and any excessive amount must be returned.</p> <p>2. Should a scholarship student be involved in any academic ethics violation, his or her case will be processed according to the “Guidelines for the Establishment and Operation of Ethics Committees at All Levels, Academia Sinica.”</p> <p>3. If the Consent Form is not based on the parties’ consensus, or if there is any breach of relevant regulations during the execution, the scholarship student, the researcher, and the project execution unit shall be liable for any penalty, fine, and expense incurred thereof.</p> <p>4. I have read the above descriptions, and agree to be a scholarship student.</p> <p>Signature of Scholarship Student:</p> <p>Date: _____ (M) _____ (D) _____ (Y)</p> <p>Signature of Legal Representative if Scholarship Student is under 20:</p> <p>Date: _____ (M) _____ (D) _____ (Y)</p>
Signature of Principal Investigator and Seal of Project Execution Unit	<p>1. Pursuant to Point 8 of the “Guidelines for Protecting Interests of Scholarship Students of Institutions of Higher Education” by the Ministry of Education (MOE): “provide additional coverage for occupational accident in addition to the student’s present group insurance as required by the Labor Standards Act for the period each scholarship student conducts relevant research, teaching or service activity by purchasing commercial insurance out of the school’s budget or MOE’s allowances,” the researcher or the project execution unit shall provide additional coverage for the scholarship student according to the foregoing requirements.</p> <p>2. If the Consent Form is not based on the parties’ consensus, or if there is any breach of relevant regulations during the execution, the Scholarship Student, the researcher, and the project execution unit shall be liable for any penalty, fine, and expense incurred thereof.</p> <p>3. The researcher and the project execution unit have read the above descriptions.</p> <p>Signature of Researcher:</p> <p>Date: _____ (M) _____ (D) _____ (Y)</p>

	Seal of Project Execution Unit: Date: _____ (M) _____ (D) _____(Y)
Notes	<ol style="list-style-type: none">1. If the scholarship student is under 20 years of age, the expression and acceptance of intent shall be subject to the permission of the legal representative as specified in Article 77 of the Civil Code.2. This Consent Form shall be made in 3 counterparts, respectively retained by the scholarship student, the researcher, and the project execution unit.

Academia Sinica Scholarship Student Consent Form

✧ To protect your rights, please read the information below and sign. ✧

※ The scholarship student does not enter any employment that has personality, economic, or organizational affiliation under the Labor Standards Act during the participation in the research.

Type	Scholarship Student
Guidelines	Guidelines for Academia Sinica Scholarship Payments
Ownership of Research Results	<p>1. Copyrights: If the Academia Sinica (AS) researcher only provides concept guidance on the research, the copyrights remain with the student. If the AS researcher not only provides concept guidance but also participates in the expression of content, and jointly finishes the report with the student, the researcher owns the joint copyrights with the student.</p> <p>2. Patent Rights: The owner of the patent rights to the research results is determined by paragraph 2, Article 5 of the Patent Act. If the student is the inventor/utility model creator/designer, he/she is entitled to and may file the patent prosecution for the research results pursuant to paragraph 1 of the same Article. If the AS researcher has substantial contribution in the production of the thesis research results, he or she may be named as the joint inventor.</p>
Signature of Scholarship Student (If under 20 years of age, signature of legal representative is needed.)	<p>1. The scholarship student shall comply with the “Guidance on Academia Sinica Scholarship Payment.” If any violation is found and sustained, the scholarship will be suspended, and any excessive amount must be returned.</p> <p>2. Should a scholarship student be involved in any academic ethics violation, his or her case will be processed according to the “Guidelines for the Establishment and Operation of Ethics Committees at All Levels, Academia Sinica.”</p> <p>3. If the Consent Form is not based on the parties’ consensus, or if there is any breach of relevant regulations during the execution, the scholarship student, the researcher, and the project execution unit shall be liable for any penalty, fine, and expense incurred thereof.</p> <p>4. I have read the above descriptions, and agree to be a scholarship student.</p> <p>Signature of Scholarship Student:</p> <p>Date: _____ (M) _____ (D) _____ (Y)</p> <p>Signature of Legal Representative if Scholarship Student is under 20:</p> <p>Date: _____ (M) _____ (D) _____ (Y)</p>
Signature of Principal Investigator and Seal of Project Execution Unit	<p>1. Pursuant to Point 8 of the “Guidelines for Protecting Interests of Scholarship Students of Institutions of Higher Education” by the Ministry of Education (MOE): “provide additional coverage for occupational accident in addition to the student’s present group insurance as required by the Labor Standards Act for the period each scholarship student conducts relevant research, teaching or service activity by purchasing commercial insurance out of the school’s budget or MOE’s allowances,” the researcher or the project execution unit shall provide additional coverage for the scholarship student according to the foregoing requirements.</p> <p>2. If the Consent Form is not based on the parties’ consensus, or if there is any breach of relevant regulations during the execution, the Scholarship Student, the researcher, and the project execution unit shall be liable for any penalty, fine, and expense incurred thereof.</p> <p>3. The researcher and the project execution unit have read the above descriptions.</p> <p>Signature of Researcher:</p> <p>Date: _____ (M) _____ (D) _____ (Y)</p>

	Seal of Project Execution Unit: Date: _____ (M) _____ (D) _____ (Y)
Notes	<ol style="list-style-type: none">1. If the scholarship student is under 20 years of age, the expression and acceptance of intent shall be subject to the permission of the legal representative as specified in Article 77 of the Civil Code.2. This Consent Form shall be made in 3 counterparts, respectively retained by the scholarship student, the researcher, and the project execution unit.

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Signature of Scholarship Student (If under 20 years of age, signature of legal representative is needed.)	<p>1. The scholarship student shall comply with the “Guidance on Academia Sinica Scholarship Payment.” If any violation is found and sustained, the scholarship will be suspended, and any excessive amount must be returned.</p> <p>2. Should a scholarship student be involved in any academic ethics violation, his or her case will be processed according to the “Guidelines for the Establishment and Operation of Ethics Committees at All Levels, Academia Sinica.”</p> <p>3. If the Consent Form is not based on the parties’ consensus, or if there is any breach of relevant regulations during the execution, the scholarship student, the researcher, and the project execution unit shall be liable for any penalty, fine, and expense incurred thereof.</p> <p>4. I have read the above descriptions, and agree to be a scholarship student.</p> <p>Signature of Scholarship Student:</p> <p>Date: _____ (M) _____ (D) _____ (Y)</p> <p>Signature of Legal Representative if Scholarship Student is under 20:</p> <p>Date: _____ (M) _____ (D) _____ (Y)</p>
Signature of Principal Investigator and Seal of Project Execution Unit	<p>1. Pursuant to Point 8 of the “Guidelines for Protecting Interests of Scholarship Students of Institutions of Higher Education” by the Ministry of Education (MOE): “provide additional coverage for occupational accident in addition to the student’s present group insurance as required by the Labor Standards Act for the period each scholarship student conducts relevant research, teaching or service activity by purchasing commercial insurance out of the school’s budget or MOE’s allowances,” the researcher or the project execution unit shall provide additional coverage for the scholarship student according to the foregoing requirements.</p> <p>2. If the Consent Form is not based on the parties’ consensus, or if there is any breach of relevant regulations during the execution, the Scholarship Student, the researcher, and the project execution unit shall be liable for any penalty, fine, and expense incurred thereof.</p> <p>3. The researcher and the project execution unit have read the above descriptions.</p> <p>Signature of Researcher:</p> <p>Date: _____ (M) _____ (D) _____ (Y)</p>

	Seal of Project Execution Unit: Date: _____ (M) _____ (D) _____(Y)
Notes	<ol style="list-style-type: none">1. If the scholarship student is under 20 years of age, the expression and acceptance of intent shall be subject to the permission of the legal representative as specified in Article 77 of the Civil Code.2. This Consent Form shall be made in 3 counterparts, respectively retained by the scholarship student, the researcher, and the project execution unit.