GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

KIP Edition No.

Attach Recent Passport size photo

Note: Candidates are requested to attach all required documents such as Passport Copy, Education Qualification Certificate, PIO/OCI/Annexure-C, Passport Size Colored Photograph & other relevant documents with this Application before forwarding the same to the Indian Missions/Posts concerned.

A. <u>PERSONAL DETAILS</u>

(i) Complete Name (as in Passport in **BLOCK** letters)

	Last Name		First Name		Ν	liddle Na	ame
(ii)	Gender :	Male/Fem	ale				
(iii)	Date of Birth:	D D M M	Y Y Y	Y			
(iv)	Place of Birth						
(v)	Nationality						
(vi)	Place of Residence						
(vii)	Passport Number]	
	Place of issue: (City) (Country) Date of issue:						
Date o (viii)	f Expiry: Telephone Number: (with country and city of Work	code)]			
	Residence						
	Mobile/Cell						

	Fax Number											
	Email:											
(ix)	Complete mailing addre	SS W	ith Z	IP C	ode							
(x)	Permanent home addre	- SS W	ith Z	IP C	ode <u>:</u>							
(xi)	Your or your parents pl	ace	of or	igin i	in Ind	dia :_						
в.	Proof of Indian Origin											
	Hold PIO/OCI Card -		Ye	s/No								
PIO Ca	ard No:D	ate o	of Is	sue_				P	lace	of is	sue	
OCI Ca	ard No:D	Date	of is	sue_				P	lace	of is	sue	
Please	write details of PIO or C	CI C	ard	of yo	our N	lothe	er/Fa	ther	/Gra	ndfat	ther_	
Name	of PIO/OCI Card holder_										_	

C. Details of Family/Relative(s) in India

(i) Name, address (if available) and your relationship with your nearest relative who migrated from India:

(a) Complete Name											
(b) Last Known address of your relative											
(c) Your relationship with him/her											
(d) Mobile number of your relative with c	ity code										

D. <u>EDUCATION</u>

		Graduate	Undergraduate
(i)	Name/Location		
	College/University from where		
	you graduated or are studying.		
(ii)	Subjects of study		
(iii)	Language of instruction in		
	college/university		
(iv)	Describe your English language		
	skills		

E. <u>Occupation/Employment:</u>

S. No.	Organization/Company	Period								
	Organization/Company (Complete Name and Location address)		From	То						

F. Any achievements professional/educational or other that you want to share with us:

G. Your interests/hobbies_____

H. International Medical and Travel Insurance Policy

Policy No. -

Name of the insurance company -

Valid from (Date) -

Valid until -

I. <u>OTHER DETAILS:</u>

1.	Have you participated in a previous Know India Programme? If yes, provide details.	Yes / No
2.	Have you visited India earlier? If yes, please month and year of the visits, places visited and purpose:	Yes / No
3.	Has any sibling/ relative of yours attended KIP before	Yes / No
4.	Please describe, in not more than 250 words, why do you want to take part in the Know India Programme?	

Annexure-A

DECLARATION:

I, HEREBY, DECLARE THAT ALL THE INFORMATION GIVEN IN THIS Application Form are true and correct to the best of my information and belief.

I also declare that I will abide by the regulations of the Know India Programme, would offer my full cooperation in its smooth conduct, and would not leave it mid-way.

I understand that if I am found guilty of any misconduct or indiscipline during the course of the Programme, I could be refused any further participation in the said programme or participation in any future KIP and that I would not be eligible for reimbursement of the 90% of the return international airfare from my country of residence to India. The said reimbursement of 90% of the international airfare would also not be made to me if I leave the Programme mid-way.

(Signature of the applicant)

Date:

Place:

DECLARATION

(For applicants who do not possess any documentary evidence of Indian Origin)

l	(comple(Date of birth), dau	ete ghter/son of	name)	born or	n
(Complete name) do hereby reasons:					j
					-
	Signature of the	Applicant:			_
	Complete Name	:			_
Date:	-				
Place:	-				
	Counters	igned and s	tamped by		
	Head of India	an Mission o	r DCM/DHC/DC	G	
	Complete Name:_				
	Office Seal:				
Date:					
Place:					

Annexure-D

COMMENTS OF THE CONCERNED INDIAN MISSION/POST

	_	 										
Name of Indian Mission/Post:												

Recommendations of the Head of Mission/Post:

Signature of HOM/HOP _____

Name of the HOM/HOP_____

Office Seal