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	Middle Name
(ii)	Gender :	Male/Female	
(iii)	Date of Birth:	DMMYYYYY	
(iv)	Place of Birth		
(v)	Nationality		
(vi)	Place of Residence		
(vii)	Passport Number		
	Place of issue: (City) (Country) Date of issue:		
	Date of Expiry:		
(viii)	Telephone Number: (with country and city code Work	2)	
	Residence		

	Mobile/Cell														
	Fax Number Email:	[-		
(ix)	Complete mailing address w														
(x)	Permanent home address with ZIP Code:														
(xi)	Your or your parents place of origin in India :														
В.	Proof of Indian Origin														
	Hold PIO/OCI Card -	Yes/No													
PIO C	ard No:Date	of Issue			P	lace	of is	sue	·				-		
	ard No:Date	of issue			P	lace	of is	sue					_		
Please	e write details of PIO or OCI C	ard of your N	Nothe	r/Fat	ther/	Grar	ndfa	ther							
Name	of PIO/OCI Card holder							_							

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

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

(a) Complete Name									
(b) Last Known address of									
(c) Your relationship with hi									
				-	-	-		-	

(d) Mobile number of your relative with city						
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 (Complete Name and	Position	Pe	riod
	(Complete Name and		From	То
	Location address)			

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:

Annexure-C

DECLARATION

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

I	(complete name) born on (Date of birth), daughter/son of
(Complete name) do herel reasons:	by state that I am of Indian origin because of the following
	Signature of the Applicant:
	Complete Name:
Date:	
Place:	
	Countersigned and stamped by
	Head of Indian Mission or DCM/DHC/DCG
	Complete Name:
	Office Seal:
Date:	_

Place:_____

COMMENTS OF THE CONCERNED INDIAN MISSION/POST

Name of Indian Mission/Post:												٦

Recommendations of the Head of Mission/Post:

Signature of HOM/HOP _____

Name of the HOM/HOP_____

Office Seal