GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

KIP edition No.

Attach Recent Passport size photo

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:	D M M 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 of Expiry:		
(viii)	Telephone Number: (with country and city coo Work	le)	
	Residence		
	Mobile/Cell		
	Fax Number		-
	Email:		

	(ix)	Complete mailing address with ZIP Co	ode
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(x) Permanent home address with ZIP Code:_____

(xi) Your or your parents place of origin in India :_____

B. <u>Proof of Indian Origin</u>

Hold PIO/OCI Card - Yes/No

PIO Card No:_____Date of Issue_____Place of issue_____

OCI Card No:_____Date of issue_____Place of issue_____

Please write details of PIO or OCI Card of your Mother/Father/Grandfather_____

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 city code

D. EDUCATION

		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	Position	Pe	eriod
	(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?	
		<u>Annexure-B</u>

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)

Annexure-A

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 hereby state that I am of Indian origin because of the following reasons:

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:												

Recommendations of the Head of Mission/Post:

Signature of HOM/HOP _____

Name of the HOM/HOP_____

Office Seal