GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

KIP Edition No.							Attach Recent Passport size photo				
Edu oth	te: Candidates are re- ucation Qualification C er relevant document ssions/Posts concerned	ertificate, PIO/0 s with this Ap	OCI/Annexure-C	C, Passpo	ort Size C	colored	Photog	raph &			
A.	PERSONAL DETAI	ILS									
(i)	Complete Name (as										
	Last Nam		First Nar	Midd	Middle Name						
(ii)	Gender :	Male	/Female								
(iii)	Date of Birth:	D D M	MYY	YY							
(iv)	Place of Birth				<u> </u>		$\overline{}$				
(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 cit Work										
	Residence										

	Mobile/Cell												
	Fax Number												
	Email:								_				
(ix)	Complete mailing add	ress with ZIP	Code:										
(x)	(x) Permanent home address with ZIP Code:												
(xi)	Your or your parents	place of origi	n in Ind	dia :								_	
В.	Proof of Indian Origi	<u>n</u>											
	Hold PIO/OCI Card -	Yes/N	No										
PIO (Card No:	_Date of Issu	e			_Plac	e of i	ssue					
OCI (Card No:	_Date of issu	e			_Plac	e of i	ssue					
Pleas	se write details of PIO or	OCI Card of	your M	lother	/Fath	er/Gr	andfa	ther_					
Name	e of PIO/OCI Card holde	r											
C.	Details of Family/Rel	ative(s) in In	<u>idia</u>										
(i) migra	Name, address (if ava	ilable) and yo	our rela	ıtionsl	hip w	ith yo	ur nea	arest	rela	ati∨e	e wh	10	
(a) (Complete Name											<u> </u>	
(b) L	ast Known address of yo	our relative											
(c) Y	our relationship with him	n/her						1					
. ,	•			<u> </u>		I.	I	1		ı	1		
(d) l	Mobile number of your re	elative with ci	ty										
D.	EDUCATION												
			Grad	uata				Unde	rars	adı.ı	ato.		
(i)	Name/Location College/University you graduated or are		Orau	uale				Oride	rigit	auu	al c		
(ii) (iii	Subjects of study	struction in											
Ì	college/university												
(iv	Describe your English skills	sn language											

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

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

	Any achievements professional/educational or other that you with us:	ou want to snare
	Your interests/hobbies	
	International Medical and Travel Insurance Policy	
	Policy No. –	
	Name of the insurance company –	
	Valid from (Date) –	
	Valid until –	
		<u>Annexure</u>
	OTHER DETAILS:	
	Have you participated in a previous Know India Programme? If yes, provide details.	Yes / No
	Have you visited India earlier? If yes, please month and year of the visits, places visited and purpose:	Yes / No
-	Has any sibling/ relative of yours attended KIP before	Yes / No
•	Please describe, in not more than 250 words, why do you want to take part in the Know India Programme?	

Annexure-B

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)

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(Complete reasons:											
		Sign	ature	of the	Applica	nt:					
		Cor	nplet	e Name):						
Date:											
1 1400		_									
			C	counter	signed a	and sta	mped by				
			Head	of Indi	an Miss	ion or I	DCM/DHC	/DC	3		
		Comp	plete	Name:							
		Office	e Sea	ıl:						_	
Date:											
Place:	 										

Name of Indian Mission/Post: Recommendations of the Head of Mission/Post: Signature of HOM/HOP Name of the HOM/HOP

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