## 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 r icational Qualification er relevant docume ssions/Posts concerne	n Certificate, nts with thi	PIO/OCI/Ani	nexure-C,	Passpo	rt Size (	Colored	Pho	togra	ph &			
<b>A.</b> (i)	PERSONAL DETA	<u></u>	ort in <b>BLOC</b> k	( letters)									
	First Na	ame	Middle Name						Last Name				
(ii)	Gender :		Male/Female	<u>;</u>									
(iii)	Date of Birth:	D D	M M Y	YY	Υ								
(iv)	Place of Birth									$\Box$			
(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 of Work							<u> </u>					
	Residence												

	Mobile/Cell												
	Tanahan												
	Fax Number									I			
	Email:												
(ix)	Complete mailing address with ZIP Code:												_
(x)	(x) Permanent home address with ZIP Code:												
(xi) Your or your parents place of origin in India :										-			
В.	Proof of Indian Origin	1											
	Hold PIO/OCI Card -	Yes/	No										
PIO (	Card No:l	Date of Issu	e			PI	ace	of iss	sue_				
OCI (	Card No:	Date of issu	e			PI	ace	of iss	sue_				
Pleas	se write details of PIO or 0	OCI Card of	your	Mothe	r/Fatl	her/0	Gran	dfath	er				
Name	e of PIO/OCI Card holder												
C.	Details of Family/Rela	tive(s) in l	<u>ndia</u>										
(i) migra	Name, address (if avail	able) and y	our re	lations	ship w	vith y	our/	near	est r	elativ	e wł	10	
(a) (	Complete Name									$\Box$		$\top$	
(b) L	ast Known address of yo	ur relative											
(c) Y	our relationship with him/	her				1	1						
( )	•			- 1			<u> </u>						
(d) N code	Mobile number of your rel	ative with ci	ty										
D.	EDUCATION												
			Gra	duate				Uı	nder	gradu	ate		
(i)	Name/Location College/University fraction you graduated or are								· · · · ·	<b>,</b>			
(ii)	Subjects of study												
(iii	) Language of inst college/university	ruction in											
(iv	<ul><li>Describe your Englis skills</li></ul>	h 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 share
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:	(eignature et trie appricant)
Place:	

# **DECLARATION**

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

I	 	(Date of b				name)		born	
		state that							
		Signatu	re of the	Applicar	nt:				
		Compl	ete Name	·					
Place:		_							
			Counters	igned a	nd sta	mped by			
		He	ad of India	an Missi	on or [	OCM/DHC	D/DCG		
		Complet	te Name:_					_	
		0,00							
		Office S	eal:						
Date:									

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

COMMENTS OF THE CONCERNED INDIAN MISSION/POST

Office Seal

Name of the HOM/HOP\_\_\_\_\_