GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

KIP E	Edition No.		Attach Recent Passport size photo				
Edu oth	ucation Qualification Cert	ested to attach all required documents suc ificate, PIO/OCI/Annexure-C, Passport Size C with this Application before forwarding the	colored Photograph &				
(i)	Complete Name (as in	Passport in BLOCK letters)					
	Last Name	First Name	Middle Name				
(ii)	Gender :	Male/Female					
(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 of Expiry:						
(viii)	Telephone Number: (with country and city of Work	ode)					
	Residence						

	Mobile/Cell										\perp			
	Fax Number													
	Email:													
(ix)	Complete mailing add	ress with Z	ZIP C	ode:										
(x)	Permanent home address with ZIP Code:													
(xi)	(xi) Your or your parents place of origin in India :												_	
B.	Proof of Indian Origin													
	Hold PIO/OCI Card -	Ye	s/No											
PIO (Card No:	Date of Is	sue_				P	ace o	of iss	ue_				
OCI	Card No:	Date of is	sue_				P	ace o	of iss	ue_				
Pleas	se write details of PIO or	OCI Card	of yo	ur M	othe	r/Fat	her/	Gran	dfath	er				
Nam	e of PIO/OCI Card holde	r												
C.	Details of Family/Rela	ative(s) in	<u>Indi</u>	<u>a</u>										
(i) migra	Name, address (if ava ated from India:	ilable) and	l your	r relat	tions	ship v	with <u>y</u>	your	near	est r	elati	ve w	'ho	
(a)	Complete Name													
(b) L	ast Known address of yo	our relative)								$\overline{\top}$		$\overline{}$	
(c) Y	our relationship with him	/her												
(d) code	Mobile number of your re	lative with	city											
D.	EDUCATION													
				Gradu	ate				Ur	nder	grad	uate	<u> </u>	
(i) Name/Location College/University f you graduated or are		re								<u> </u>			
(ii) Subjects of study													
(iii	college/university		in											
(iv	Describe your Englishskills	sh languaç	ge											

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

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

	Any achievements professional/educational or other that you with us:	ou main to onaic
	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)

I											name)			oorn	on
(Complete reasons:	name)	do	hereby	state	that	I	am	of	Indian	origir	n becau	ise of	the	follo	wing
				Si	ignatı	ure	of th	e A	pplicar	nt:					
				C	Comp	lete	Nan	ne:_							
Data															
Date:															
															
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					He	ead (of In	diar	n Missi	on or	DCM/D	HC/D	CG		
				Co	mple	te N	Name	e:						_	
				Off	fice S	Seal	•								
Detci															
Date:															

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

Office Seal