GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

KIP I	Edition No.		Attach Recent Passport size photo
Edu othe	cational Qualification	requested to attach all required documer n Certificate, PIO/OCI/Annexure-C, Passport nts with this Application before forwardined.	Size Colored Photograph &
A. (i)		as in Passport in BLOCK letters)	
	First N		Last 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 Numb	er:	

	(with country and city o	ode)											
	Residence												
	Mobile/Cell												
	Fax Number												
	Email:												
(ix)	Complete mailing addr	ess with ZIP (Code:										
(x)	Permanent home addre	– ess with ZIP (Code <u>:</u> _									_	
(xi)	Your or your parents p	lace of origin	in Indi	a :									
В.	Proof of Indian Origin	1											
	Hold PIO/OCI Card -	Yes/No	0										
PIO (Card No:	Date of Issue				_Pla	ce of	fiss	ue_				
OCI (Card No:	Date of issue				_Pla	ce of	f iss	ue_				
Pleas	se write details of PIO or 0	OCI Card of y	our Mo	ther	/Fath	er/G	rand	fath	er_				
Name	e of PIO/OCI Card holder												
C. (i)	Details of Family/Rela Name, address (if availated from India:	• •		ionsh	nip w	ith yo	our n	ear	est	relat	ive '	who	
Ū	Complete Name											<u> </u>	
. ,	ast Known address of yo	ur											
(c) Y	our relationship with him/	her											
(d) M	Nobile number of your rela	ative with city											

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>

Policy No. -

Name of the insurance company –

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

Your inte	rests/hobbies		

	Valid until –	
		Annexure-A
l.	OTHER DETAILS:	
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-B
DECL	ARATION:	
Form a	I, HEREBY, DECLARE THAT ALL THE INFORMATION GIVEN IN THE are true and correct to the best of my information and belief.	IS Application
offer m	I also declare that I will abide by the regulations of the Know India Progray full cooperation in its smooth conduct, and would not leave it mid-way.	ramme, would
or part 90% c reimbu	I understand that if I am found guilty of any misconduct or indiscipling of the Programme, I could be refused any further participation in the sail ticipation in any future KIP and that I would not be eligible for reimburs of the return international airfare from my country of residence to Indursement of 90% of the international airfare would also not be made to make mid-way.	d programme sement of the ia. The said
Date:	(Signature of	the applicant)
Place:		

Valid from (Date) -

DECLARATION

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

I					-			ame)			orn	on
(Complete reasons:												
		Sig	natur	e of	the A	pplicar	nt:					
		Co	mple	ete Na	ame:							
Date:												
Place:		_										
				Cour	ntersi	gned a	nd star	nped by				
			Hea	d of	ndia	n Missio	on or D	CM/DHC	/DC	G		
		Con	nplete	e Nar	ne:						-	
		Offic	ce Se	al:								

Date:	
	<u>Annexure-D</u>
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