GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

APPLICATION FORM KNOW INDIA PROGRAMME (KIP)

KIP N)	
A.	PERSONAL DETAILS	
(i)	Complete Name (as in Passport in BLOCK letters)	
	Last Name	
	Middle Name	
	First Name	
/ii\	Gender : Male/Female	
(ii)		
(iii)		
(iv)	Place of Birth	
(v)	Nationality	_
(vi)	Place of Residence	
(vii)	Passport Details: Number	
	Place of issue:	
	(City)	
	(City) (Country) Date of issue:	
	Date of Expiry:	
(viii)	Telephone Number: (with country and city code) Work	
	Residence	
	Mobile/Cell	
	Email:@	

(ix)	Complete mailing	g address wi	th ZIP Cod	de:								
(x)	Permanent home	e address wi	th ZIP Cod	de <u>:</u>							- -	
(xi)	Your or your par	rents place o	of origin in	India :								
(xii) l	PROOF OF INDIAN	ORIGIN										
PIO (Card No:	Date o	of Issue			_Place	of issu	e				
OCI (Card No:	Date o	of issue			_Place	of issu	e				
	olicant does not hole er/Father/Grandfatl					ovide d	etails o	of PIC	O or C	CI C	ard of	
Name	e of PIO/OCI Card	holder										
•	Please attach co	py of docum	nentary- pro	oof of In	dian o	rigin.						
В.	Details of Intern	ational Med	dical and I	Fravel li	ngura	nce no	licv					
Ь.					<u>isura</u>	iice po	iicy.					
	Policy No:											
	Please attach ins Valid from (Date)		•	•	•	(Name	of Cor	npan	/)
C.	Details of Famil	y/Relative(s	s) in India									
(i) from	Name, address (India:	if available)	and your re	elations	hip wit	h your	neares	st rela	tive w	/ho m	nigrate	d
(a) (Complete Name											
(b) L	ast Known address.	of your rela	ative									
(c) Y	our relationship wit	h him/her										
, ,	Mobile number of y		with city co	nde.				,				
(a) . D.	EDUCATION	our rolativo	mar only oc									
			Graduate)			Und	ergra	duate			
(i)	College/Univers	sity from										
(ii)	are studying. Subjects of studying.	dy										
(iii) Language of in											
(iv	college/univers Describe you language skills	_ •										

E.	Occu	nation	/Emnl	ovment:
⊏.	Occu	Dation	/EIIIDI	ovinent.

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

			+	
=.	Any achievements professiona	l/educational:		
3.	Interests/hobbies			
1 .	OTHER DETAILS:			
ij) Have you participated in a previou Know India Programme? If yes, բ			Yes / No
ii) Have you visited India earlier? If yolease month and year of the visit visited and purpose:			Yes / No
iii)	Has any sibling/relative of yours att	ended KIP before		Yes / No
iv)	Please describe, in not more than you want to take part in the Know		?	
DECL	ARATION:			
rue a	I, HEREBY, DECLARE THAT AL		TON GIVEN IN T	HIS Application Form
ny fu	I also declare that I will abide by Il cooperation in its smooth conduct	•		Programme, would off
	I understand that if I am found grogramme, I could be refused any	further participatio	n in the said pro	gramme or participation

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. 90% of the international airfare paid by the Government of India will be repaid to the Indian Mission/Consulate, if I do not complete the KIP.

(Signature of the applicant)

Name of the Applicant

		Date:	Nar	ne	of the	e Appl	ıcan
COMMENTS OF THE INDIAN MISSION	POST	Dato.					
Name of Indian Mission/Post:							
Recommendations of the Head of Mission	n/Post						
S	onature with Date of HOM/I	HOP					

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 beca	ause of the following reasons –	
	Signature of the (Complet	e Applicant e Name:-)
Date:		
Place:		
	Countersigned and s Head of Indian Mission or DCM/	
	Complete Name	
Place:		
Date:		