

E. Occupation/Employment:

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

F. Any achievements professional/educational: _____

G. Interests/hobbies _____

H. OTHER DETAILS:

i) Have you participated in a previous Know India Programme? If yes, provide details. Yes / No

ii) Have you visited India earlier? If yes, please month and year of the visits, places visited and purpose: Yes / No

iii) Has any sibling/relative of yours attended KIP before Yes / No

iv) Please describe, in not more than 250 words, why you want to take part in the Know India Programme?

DECLARATION:

I, HEREBY, DECLARE THAT ALL THE INFORMATION GIVEN IN THIS Application Form is 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. 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:

COMMENTS OF THE INDIAN MISSION/POST

Name of Indian Mission/Post:

Recommendations of the Head of Mission/Post

Signature with Date of HOM/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 because of the following reasons –

Signature of the Applicant
(Complete Name:-)

Date:-----

Place: -----

Countersigned and stamped by
Head of Indian Mission or DCM/DHC/DCG

Complete Name_____

Place: _____

Date: _____