## GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

# APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

KIP E	Edition No.									Recei size p	
Edu oth	te: Candidates are re acational Qualification per relevant documen assions/Posts concerned	Certificate, Pots with this	IO/OCI/An	nexure-C	, Passp	ort Size	e Col	ored	Pho	togra	ph &
<b>A.</b> (i)	PERSONAL DETA		in <b>BLOCI</b>	<b>∢</b> letters)							
	First Na	me	N	liddle Na	me			La	st N	ame	_
(ii)	Gender :	Ma	ale/Female	)							
(iii)	Date of Birth:	D D I	M M Y	YY	Υ						
(iv)	Place of Birth									$\top$	
(v)	Nationality		<u> </u>			1 1				_ <u>'</u>	
(vi)	Place of Residence										
(vii)	Passport Number Place of issue: (City)										
	(Country) Date of issue:										
	Date of Expiry:										
(viii)	Telephone Number (with country and country										
	Residence						1				

	Mobile/Cell			1			1		1	1	г	1 1	
	Mobile/Cell												
	Fax Number												
	Email:											-	
(ix)	Complete mailing add	ress with ZIP	Code:										
(x)	Permanent home add	— ress with ZIP	Code <u>:</u>										
(xi)	Your or your parents	place of origi	n in Ind	dia :								-	
В.	Proof of Indian Origi	<u>n</u>											
	Hold PIO/OCI Card -	Yes/N	No										
PIO C	ard No:	_Date of Issue	e			_Pla	се о	f iss	ue				
OCI C	ard No:	_Date of issu	e			_Pla	се о	f iss	ue				
Please	e write details of PIO or	OCI Card of	your M	other/	/Fath	er/G	rand	lfath	er				
	of PIO/OCI Card holde												
1 <b>1</b> airie	or report data notice	1											
C.	Details of Family/Re	lative(s) in Ir	<u>ıdia</u>										
(i) migrat	Name, address (if ava	ailable) and yo	our rela	ationsh	nip wi	ith yo	our n	eare	est re	elativ	e wh	10	
(a) C	omplete Name												
. ,	ast Known address of ye	our relative											
` ,	our relationship with him												
(6) 10	odi relationship with him	I/11 <b>G</b> 1											
(d) M code	lobile number of your re	elative with cit	ty										
D.	EDUCATION												
			Grad	uato				Lln	dore	ıradu	into		
(i)	Name/Location College/University you graduated or ar		Grau	uale				On	uerg	jrauc	ale		
(ii) (iii)	Subjects of study	struction in											
	college/university												
(iv)	Describe your Engli skills	sh language											

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

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

	Any achievements professional/educational or other that you with us:	Tank to onaio
	Your interests/hobbies	
	International Medical and Travel Insurance Policy	
	Policy No. –	
	Name of the insurance company –	
	Valid from (Date) –	
	Valid until –	
		Annexure
	OTHER DETAILS:	
	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 / N
	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:	(-5
Place:	

# **DECLARATION**

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

I	 	(Date of b			name)		
					n because		
		Signatu	re of the Ap	plicant:			
		Compl	ete Name:_				
Date:		_					
Place:		_					
			Countersig	ned and sta	amped by		
		Hea	_		DCM/DHC/I	DCG	
		Complet	e Name:				
		Office Se	eal:				
Date:							
riace	 	_					

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

Office Seal