MINISTRY OF OVERSEAS INDIAN AFFAIRS Government of India New Delhi

APPLICATION FORM FOR STUDY INDIA PROGRAMME (SIP)

[Tentative	e schedule for the 4 th SI	P is 20 th January,	2016 TO 16 th I	February, 2016)	Attach
PERSO	NAL PARTICULA	RS			Recent Passpor Size photograp
(i)	Name (as in Pas	sport in BLOC	K letters)		
	(Surname)	(First Name)	(Mic	idle Name)
(ii)	Gender		Male/Femal	e	
(ii)	Date of birth (dd	/mm/yyyy)	(iv)	Place of birth	*********
			(City		
(v)	Nationality (Co	untry where yo	(vi) Domi ou live in peri	cile manently)	
(vii)	Marital status				
(viii)	Passport Particul	lars			
	No.				
	Place of issue	(City)		(Country)	
	Date of issue	(dd/mm/yyy	y)	- (*)	
	Date of Expiry	(dd/mm/yyy			

	(ix)	Tele	phone number:	Work
		(With	country and city code)	Residence Mobile/Cell
		Fax	Number	Witholic Cen
		77-57-57-57	th country and city code)	
			ail Address	
	(x)	Con	nplete mailing address wi	th PIN/ZIP Code
	(xi)	Perr	nanent home address with	n PIN/ZIP Code
	(xii)	Nan	ne, address (if available) a your ancestor who mig	and your relationship with rated from India;
		(a) N	Name	
		0.000	ast known address	
		0.0000000000000000000000000000000000000	our relationship with him	n/her
		100000000000000000000000000000000000000	그렇게 되었다면서 어머니 아내는 아내는 아내를 내려면 하면 어떻게 되었다.	rated from India, if known
	(xiii)	Partic	ulars in respect of your cl	losest relative in India:
		(a) N	Name	
			resent address	
		(c) 3	our relationship with hin	n/her
		(d) (Contact telephone number	s with city code
E	DUCA	TIONA	L AND PROFESSIONA	AL PARTICULARS
1.	Ed	ucationa	al qualification	
98.5		31 5 5 5 5 6 5 6 6 6	a demonstration	
		(i)	Graduate / Underg	raduate
		where		ss of the College/University from or under graduation or are doing on/graduation.
		(iii)	Subjects of study	
		(iv)	Medium of instruct	ion

- 2. Qualification in English language
- 3. Details of Occupation/employment:

Organization/Office/Firm	Position held	Period	
(Name and address)		From	To
-11			
	Organization/Office/Firm (Name and address)		

Telephone number:	Work	**********
(With country and city code)	Mobile/Cell	
Fax Number (With country and city code)		
ersonal Achievements, If		
	(With country and city code) Fax Number (With country and city code) E-mail Address	(With country and city code) Mobile/Cell Fax Number (With country and city code) E-mail Address

OTHER DETAILS

- 1. Details of Community Activities, if undertaken:
- Are you a member of any Overseas Indian Association/ Organization? If yes, give its name and address
- How did you come to know about the SIP?
 (Through an Indian Diplomatic Mission/Post, Media advertisement, or others- to be specified)
 - Have you participated in a previous Know India Programme(KIP) or Internship Programme for Diaspora Youth (IPDY)? If yes, provide details.
- Have you visited India earlier? if yes, please provide details of your last two visits including the month and year of the visit, places visited and the purpose for your visit

Yes/No

6.	Has any sibling / relative of yours attended KIP/IPDY before Yes/No	
7. Please state (in 250 to 300 words) why you wish to take part in t Study India Programme and what you expect to gain?		
DE	CLARATION	
	ereby, declare that all the information given in this Application Form are true correct to the best of my information and belief.	
woul	so declare that I will abide by the regulations of the Study India Programme, id offer my full cooperation in its smooth conduct, and would not leave it way.	
the c said reim resid	nderstand that if I am found guilty of any misconduct or indiscipline during course of the Programme, I could be refused any further participation in the SIP or participation in any future SIP and that I would not be eligible for bursement of the 90% of the return international airfare from my country of lence to India. The said reimbursement of 90% of the international airfare ld also not be made to me if I leave the Programme mid-way.	
	(Signature of the applicant) Name of the applicant	
Da		
EN	NOORSEMENT OF THE CONCERNED INDIAN MISSION/POST	
Na	une of Indian Mission/Post:	
Re	ecommendations of the Head of Mission/Post	
	Signature of HOM/HOP	
	Name of the HOM/HOP	
Of	fice Scal	