GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

KIP I	Edition No.	Attach Recent Pass- port size photo	
tion rele	nal Qualification Cer	equested to attach all required documents such as I tificate, PIO/OCI/Annexure-C, Passport Size Colored ith this Application before forwarding the same	d Photograph & other
4. (i)	PERSONAL DET	<u>'AILS</u> (as in Passport in BLOCK letters)	
	First N	ame Middle Name	Last Name
(ii)	Gender :	Male/Female	
(iii)	Date of Birth:	D D M M Y Y Y	
(iv)	Place of Birth		
(v)	Nationality		
(vi)	Place of Residence		
(vii)	Passport Number		
Coun	Place of issue: (City)		
, ooan	Date of issue:		
(viii)	Date of Expiry: Telephone Numb (with country and Work		
	Residence		
	Mobile/Cell		

	F	ax Number														
	E	Email:														_
(ix)	Co	Complete mailing address with ZIP Code:														
(x)		ermanent home ad		:h ZIP (Code <u>:</u>									·		
(xi)	Your or your parents place of origin in India :															
В.	<u>Pı</u>	oof of Indian Ori	g <u>in</u>													
	Н	old PIO/OCI Card -	-	Yes/No	0											
PIO	Card	No:	Date of	f Issue				PI	ace o	of issu	ie					_
OCI	Card	No:	Date o	f issue		-		PI	ace o	of issu	ie					_
Plea	ase w	rite details of PIO o	or OCI Ca	ard of y	our M	othe	r/Fat	:her/0	Gran	dfathe	er					-
Nan	ne of	PIO/OCI Card hold	ler													
C.	<u>D</u> (etails of Family/R	elative(s) in Inc	<u>dia</u>											
(i) grat		ame, address (if av m India:	/ailable) a	and you	ur rela	tions	ship v	with y	your	neare	st re	lativ	e w	/ho r	mi-	
(a)	Com	plete Name														
(b)	Last I	Known address of	your relat	tive												
(c)	Your	relationship with hi	m/her													
(d) Mobile number of your relative with city code																
D.		DUCATION														
ن .		<u> </u>			Cros	d 4 .				1.15	- d - r	a				
	(i)	Name/Location (sity from where or are studying.	•		Grad	duate)			UI	nderç	grau	<u>uai</u>	<u>.e</u>		
	(ii)	Subjects of study Language of ins		n col												
	(iii)	lege/university														
	(iv)	Describe your En skills	glish lan	guage												

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

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

F.		Any achievements professional/educational or other that yo with us:	ou want to share
G.		Your interests/hobbies	
Н.		International Medical and Travel Insurance Policy	
п.		Policy No. –	
		Name of the insurance company –	
		Valid from (Date) –	
		Valid until –	
			Annexure-A
I.		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

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.

Date:	(Signature of the applicant)
Place:	

DECLARATION

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

I	(Date of t	(complete pirth), daughter/son o	name) f	born	on
(Complete name) do hereby sons:					
	Signatı	ure of the Applicant:_			
	Compl	lete Name:			
Date:	_				
Place:					
		Countaraigned and	otamped by		
	На	Countersigned and and of Indian Mission		CG.	
	TIC	ad of filalari Wilssion		50	
	Comple	te Name:			
	Office S	eal:			

Date:	
Place:	
	<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