GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

KIP	Edition No.		Attach Recent Passport size photo
Edu oth	cation Qualification Certifi	ted to attach all required documents such icate, PIO/OCI/Annexure-C, Passport Size Co ith this Application before forwarding the	lored Photograph &
۹.	PERSONAL DETAILS		
(i)	Complete Name (as in F	Passport in BLOCK letters)	
	Last Name	First Name	Middle 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		
	Place of issue: [(City)		
	(Country) Date of issue:		
Oate ((viii)	of Expiry: Telephone Number: (with country and city co Work	ode)	
	Residence		
	Mobile/Cell		

	Email:		
(ix)	Complete mailing	address with ZIP Code:	
(x)	Permanent home	address with ZIP Code:	
(xi)	Your or your par	ents place of origin in Ind	dia :
В.	Proof of Indian (Origin	
	Hold PIO/OCI Ca	rd - Yes/No	
PIO (Card No:	Date of Issue	Place of issue
OCI (Card No:	Date of issue	Place of issue
C.	Details of Family	nolder	
C. (i) migra	Details of Family Name, address (inted from India:	//Relative(s) in India	utionship with your nearest relative v
C. (i) migra (a)	Details of Family Name, address (inted from India: Complete Name	//Relative(s) in India f available) and your rela	
C. (i) migra (a) (Details of Family Name, address (inted from India:	//Relative(s) in India f available) and your rela	utionship with your nearest relative v
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C. (i) migra (a) (b) L	Details of Family Name, address (inted from India: Complete Name ast Known address	//Relative(s) in India f available) and your rela	tionship with your nearest relative v
C. (i) migra (a) (b) L	Details of Family Name, address (inted from India: Complete Name ast Known address	//Relative(s) in India f available) and your relative of your relative (c) Your	tionship with your nearest relative v
C. (i) migra (a) (b) L (d) N	Details of Family Name, address (inted from India: Complete Name ast Known address Mobile number of you	of your relative (c) Your relative (c) Your relative with city code	relationship with your nearest relative v
(i) migra (a) (b) L (d) M D.	Details of Family Name, address (inted from India: Complete Name ast Known address Mobile number of your EDUCATION (i) Name/Location College/Unive	f available) and your relative of your relative (c) Your our relative with city code	tionship with your nearest relative v
(i) migra (a) (b) L (d) M D.	Details of Family Name, address (inted from India: Complete Name ast Known address Mobile number of your service of the control of the co	f available) and your relative of your relative (c) Your our relative with city code from where for are studying.	relationship with your nearest relative v
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Occupation/Employment: E.

F.		Any with	achievements professional/edus:	ner that you wa	nt to share	
G.		Your	interests/hobbies			
н.		Inter	national Medical and Travel Ins	surance Policy		
		Polic	y No. –			
		Nam	e of the insurance company –			
		Valid	from (Date) –			
		Valid	until –			
						Annexure-A
I.		OTH	ER DETAILS:			
	1.		e you participated in a previous w India Programme? If yes, provi	de details.		Yes / No
	2.	pleas	e you visited India earlier? If yes, se month and year of the visits, p ed and purpose:	laces		Yes / No
	3.	Has	any sibling/ relative of yours atte	nded KIP before	9	Yes / No
	4.		se describe, in not more than 250 vant to take part in the Know Indi	=		

Position

Period

То

From

Organization/Company (Complete Name and Location address)

S. No.

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:	
Place:	

DECLARATION

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

I		(complete name) bo (Date of birth), daughter/son of											orn	on	
(Complete reasons:	name)	do		state	that	I	am	of	Indian						
				Si	gnatu	ire c	of the	e A	pplican	ıt:					
				С	ompl	ete	Nan	ne:_							
Date:															
Place:															
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				Off	ice S	eal:								_	
Date:															
Place:				_											

Annexure-D

COMMENTS OF THE CONCERNED INDIAN MISSION/POST

Name of Indian Mission/Post:													
Recommendations of the Head	of Miss	sion/I	Post										
		S	Signa	ature	of H	10H	M/H(ЭP					
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		(Offic	e Se	al								