GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

	Edition No.	uested to attach a	Il required docum	aents such	as Dasse	Pas	ssport		photo	
Qua doc	alification Certificate, I uments with this Ap cerned.	PIO/OCI/Annexur	e-C, Passport Size	Colored P	hotogra	ıph &	othe	er rele	evant	
۵.	PERSONAL DETA	AILS								
(i)	Complete Name (as in Passport in BLOCK letters)									
									_	
	Last Nar		First Name			Midd	le Na	ame		
(ii)	Gender :		Female							
(iii)	Date of Birth:	D D M	M Y Y Y	Υ						
(iv)	Place of Birth									
(v)	Nationality									
(vi)	Place of Residence									
(vii)	Passport Number									
	Place of issue: (City) (Country)									
	Date of issue:									
	Date of Expiry:									
viii)	Telephone Number (with country and c Work									
	Residence								\dashv	

	Mobile/Cell													Τ
	Fax Number													
	Email:													_
(ix)) Complete mailing addres	s with ZIP	Code	∋:										_
(x)) Permanent home addres	s with ZIP	Code	e <u>:</u>								_		
(xi	i) Your or your parents pla	ce of origir	n in Ir	ndia :										
В.	Proof of Indian Origin													
	Hold PIO/OCI Card -	Yes/N	lo											
PIC	O Card No:Da	ite of Issue	-				Plac	e of	issu	e				_
OC	CI Card No:Da	ate of issue	e				Plac	e of	issu	e				_
Ple	ease write details of PIO or O	Cl Card of	your	Moth	er/F	athe	r/Gr	andf	athe	r				_
	me of PIO/OCI Card holder_													
C.	Details of Family/Relati	<u>ve(s) in In</u>	<u>dia</u>											
(i) mig	Name, address (if availal grated from India:	ole) and yo	ur re	latior	ship	with	ı yo	ur ne	eares	st re	lative	who)	
(a)	Complete Name													
	Last Known address of your	relative												
` '	Your relationship with him/he													_
(0)	real relationering marrianning							<u> </u>	I .	<u> </u>	<u>I</u>			
(d)) Mobile number of your relat de	ive with cit	У											
D.	EDUCATION													
Ī			Gra	duate					Unde	erar	adua	te		
•	(i) Name/Location College/University fro you graduated or are									<u>g</u> -				
ļ	(ii) Subjects of study													7
	(iii) Language of instru college/university	iction in												
	(iv) Describe your language skills	English												

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

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

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

, ,	country of residence to India. The said reimbursement
	d 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 _(Date of birth), daughter/son of	name) born or
	ate that I am of Indian origin bec	
	Signature of the Applicant:_	
	Complete Name:	
Date:	_	
Place:		
	Countersigned and s	stamped by
	Head of Indian Mission of	or DCM/DHC/DCG
	Complete Name:	
	Office Seal:	
Date:		
Place:		

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

Office Seal