GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

KIP ed	dition No.	Attach Recent Passport size photo										
A.	PERSONAL DETAILS											
(i)	Complete Name (as in I	Passport in BLOCK letters)										
	Last Name	Middle Name										
(ii)	Gender :	Male/Female										
(iii)	Date of Birth:	D D M M Y Y Y Y										
(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 city code) Work											
	Residence											
	Mobile/Cell		1									
	Fax Number											
	Email:											

(ix)	Complete mailing address with ZIP Code:												
(x)	Permanent home address with ZIP Code:												
(xi)	Your or your parents place of origin in India :												
В.	B. <u>Proof of Indian Origin</u>												
	Hold PIO/OCI Card - Ye	es/No											
PIO (Card No:Date of Is	sue	Place o	f issue									
OCI (Card No:Date of is	sue	ePlace of issue										
Pleas	se write details of PIO or OCI Card	of your Mother/Fat	her/Grand	lfather_									
Name	e of PIO/OCI Card holder												
C.	Details of Family/Relative(s) in		with vour r	· coroct	* olativ	' 2 V	··ho						
(i) migra	Name, address (if available) and ated from India:	J your relationship v	vitii youi i	learesi	lelauv	/ e v	VIIO						
(a) (Complete Name												
(b) L	ast Known address of your relative	- }											
(c) Y	our relationship with him/her												
(d) Note that code D.		ı city											
ט.	EDUCATION	0 - 4		11:		-1.							
(ii) (iii) (iv	College/University from whe you graduated or are studying Subjects of study Language of instruction college/university	in		Unde	ergrad	uate	<u>-</u>						
E.	Occupation/Employment:												
S.	No. Organization/Company (Complete Name and Location address)	Position	Fro		eriod	T	ō						

F.	Any achievements professional/educational or other that you want to share with us:											
G.	Your interests/hobbies											
H.	International Medical and Travel Insurance Policy											
	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										
DEC	_ARATION:											
Form	I, HEREBY, DECLARE THAT ALL THE INFORMATION GIVEN are true and correct to the best of my information and belief.	IN THIS Application										
offer	I also declare that I will abide by the regulations of the Know India my full cooperation in its smooth conduct, and would not leave it mid	•										
or pa 90% reimb	I understand that if I am found guilty of any misconduct or incre of the Programme, I could be refused any further participation in ricipation in any future KIP and that I would not be eligible for resof the return international airfare from my country of residence bursement of 90% of the international airfare would also not be made amme mid-way.	the said programme simbursement of the to India. The said										
Date	·	cure of the applicant)										
Place):											

DECLARATION

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

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				([Date o	of bir	th), (daug	hter/so	n of _					
(Complete reasons:	name)	do	hereby	y sta	ite th	at I	an	n of	Indian	origi	n beca	use of	the	follo	wing
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				Con	nplete	Nar	ne:_								
Date:															
Place:															
						C	oun	tersi	gned a	nd sta	amped I	by			
					ŀ	Head	l of I	ndia	n Missi	on or	DCM/D	HC/D	CG		
					Comp	olete	Nan	ne:_						_	
					Office	Sea	al:								
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

COMMENTS OF THE CONCERNED INDIAN MISSION/POST