GOVERNMENT OF INDIA
MINISTRY OF EXTERNAL AFFAIRS
NEW DELHI

APPLICATION FORM KNOW INDIA PROGRAMME (KIP)

KIP No. _____

A. PERSONAL DETAILS

(i) Complete Name (as in Passport in **BLOCK** letters)

Last Name

Middle Name

First 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 Details:

Number

Place of issue:

(City) (Country)

Date of issue:

Date of Expiry:

(viii) Telephone Number:
(with country and city code) Work
Residence

Mobile/Cell

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 :_____

(xii) PROOF OF INDIAN ORIGIN

PIO Card No:_____Date of Issue_____Place of issue_____

OCI Card No:_____Date of issue_____Place of issue_____

If applicant does not hold a PIO or OCI card, he/she may provide details of PIO or OCI Card of Mother/Father/Grandfather/Grandmother_____

Name of PIO/OCI Card holder_____

- Please attach copy of documentary- proof of Indian origin.

B. Details of International Medical and Travel Insurance policy.

Policy No:_____

Please attach insurance copy of the policy issued by (Name of Company _____)
Valid from (Date)_____to_____

C. Details of Family/Relative(s) in India

(i) Name, address (if available) and your relationship with your nearest relative who migrated from India:

(a) Complete Name

(b) Last Known address of your relative

(c) Your relationship with him/her

(d) Mobile number of your relative with city code

D. EDUCATION

		Graduate	Undergraduate
(i)	Name/Location College/University from where you graduated or are studying.		
(ii)	Subjects of study		
(iii)	Language of instruction in college/university		
(iv)	Describe your English language skills		

E. Occupation/Employment:

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

F. Any achievements professional/educational:_____

G. Interests/hobbies_____

H. OTHER DETAILS:

i) Have you participated in a previous Know India Programme? If yes, provide details. Yes / No

ii) Have you visited India earlier? If yes, please month and year of the visits, places visited and purpose: Yes / No

iii) Has any sibling/relative of yours attended KIP before Yes / No

iv) Please describe, in not more than 250 words, why you want to take part in the Know India Programme?

DECLARATION:

I, HEREBY, DECLARE THAT ALL THE INFORMATION GIVEN IN THIS Application Form is 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. 90% of the international airfare paid by the Government of India will be repaid to the Indian Mission/Consulate, if I do not complete the KIP.

(Signature of the applicant)
Name of the Applicant
Date:

COMMENTS OF THE INDIAN MISSION/POST

Name of Indian Mission/Post: | | | | | | | | | | | | | | | | | | | | | | | | |

Recommendations of the Head of Mission/Post

Signature with Date of HOM/HOP _____

Complete Name of the HOM/HOP_____
Office Seal

DECLARATION

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

I _____ (complete name) born on _____ (Date of birth), daughter/ son of _____ (Complete name do hereby state that I am of Indian origin because of the following reasons –

_____

_____

_____

_____

Signature of the Applicant
(Complete Name:-)

Date:----------

Place: ----------

_____

Countersigned and stamped by
Head of Indian Mission or DCM/DHC/DCG

Complete Name_____

Place: _____

Date: _____