

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

Attach Recent
Passport size photo

Note: Candidates are requested to attach all required documents such as Passport Copy, Educational Qualification Certificate, PIO/OCI/Annexure-C, Passport Size Colored Photograph & other relevant documents with this Application before forwarding the same to the Indian Missions/Posts concerned.

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

	First Name	Middle Name	Last Name
(ii)	Gender :	Male/Female	
(iii)	Date of Birth:	DDMMYYYY	
(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

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Fax Number

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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 : _____

B. Proof of Indian Origin

Hold PIO/OCI Card - Yes/No

PIO Card No: _____ Date of Issue _____ Place of issue _____

OCI Card No: _____ Date of issue _____ Place of issue _____

Please write details of PIO or OCI Card of your Mother/Father/Grandfather _____

Name of PIO/OCI Card holder _____

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

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(b) Last Known address of your relative

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(c) Your relationship with him/her

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(d) Mobile number of your relative with city code

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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 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?

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) 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: _____

Office Seal: _____

Date: _____

Place: _____

COMMENTS OF THE CONCERNED INDIAN MISSION/POST

Name of Indian Mission/Post:

[illegible]

Recommendations of the Head of Mission/Post:

Signature of HOM/HOP _____

Name of the HOM/HOP _____

Office Seal