## 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	ote: Candidates are requested to attach all required documents ucational Qualification Certificate, PIO/OCI/Annexure-C, Passport Size her relevant documents with this Application before forwarding issions/Posts concerned.	e Col	ored Photograph &	
<b>A.</b> (i)	PERSONAL DETAILS  Complete Name (as in Passport in BLOCK letters)			
	First Name Middle Name	La	ast Name	
(ii)	Gender : Male/Female			
(iii)	Date of Birth:  D D M M Y Y Y Y			
(iv)	Place of Birth	L		
(v)	Nationality			
(vi)	Place of Residence			
(vii)	Passport Details: 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 Fax Number			
	Email:			

(ix)	Com	Complete mailing address with ZIP Code:								
(x) (xi)	Pern	Permanent home address with ZIP Code:  Your or your parents place of origin in India:								
B. <u>Proof of Indian Origin</u>										
	Hold	PIO/OCI Card - Yes/N	0							
PIO (	Card N	o:Date of Issue		Place of issu	ıe					
OCI (	Card N	o:Date of issue	<u> </u>	Place of issu	ıe					
		e details of PIO or OCI Card of y ner/Grandfather								
Nam	e of PI	D/OCI Card holder								
C.	Deta	nils of Family/Relative(s) in Inc	<u>dia</u>							
(i) migra		ne, address (if available) and yo ım India:	ur relationship witl	h your neare	st re	lative	who			
(a) C	omplet	e Name								
(b) L	ast Kno	own address of your relative								
(c) Y	our rela	ationship with him/her								
. ,		umber of your relative with city								
code										
D.	EDU	CATION								
			Graduate	U	nder	gradu	ate			
	`´   c	lame/Location college/University from where ou graduated or are studying.								
	ii) S	subjects of study anguage of instruction in								
(	iv) D	ollege/university Describe your English language kills								
 Е.	<u> </u>	upation/Employment:	•							
5	S. No.	Organization/Company	Position		Period					
		(Complete Name and Location address)		From			То			
					=					

F.		Any achievements professional/educational or other that you 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						
DE	CL	ARATION:							
Fo	rm a	I, HEREBY, DECLARE THAT ALL THE INFORMATION GIVEN lare true and correct to the best of my information and belief.	IN THIS Application						
off	er n	I also declare that I will abide by the regulations of the Know India by full cooperation in its smooth conduct, and would not leave it mid							
or 90 rei	par % c mbu	I understand that if I am found guilty of any misconduct or inder of the Programme, I could be refused any further participation in tricipation in any future KIP and that I would not be eligible for relative the return international airfare from my country of residence transment of 90% of the international airfare would also not be made that made and made mid-way.	the said programme imbursement of the to India. The said						

Date:

(Signature of the applicant)

Place:

## **Declaration of Indian Origin**

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

I							<u> </u>		(complete name as in
passport)	born	on					(Date		birth), daughter/son of name) do hereby state that
I am of Inc	dian orig	jin be	cause of	the fo	llowing r	easons	: :	oicto	name, de hereby state that
				Siar	nature of	f tha Δr	nlicant		
				·		·	•		
				Co	mplete	Name:_			
Date:									
Place:									
1 1400									
			(	Counte	rsigned	and sta	mped b	ру	
			Head (	of India	an Missio	on or D	CM/DH	C/D0	CG
							,	0, 2	
			C	Comple	ete Name	e:			
			Off	ice Sea	al:				
Date:				_					
Place:				_					

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