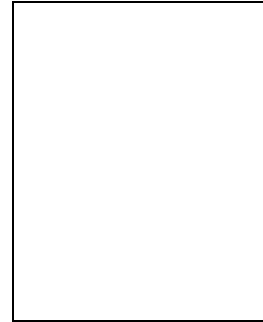


**GOVERNMENT OF INDIA  
MINISTRY OF EXTERNAL AFFAIRS  
NEW DELHI**

**APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)**

KIP No.



**A. PERSONAL DETAILS**

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

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Last Name

Middle Name

First Name

(ii) Gender :                      Male/Female

(iii) Date of Birth:              

D	D	M	M	Y	Y	Y	Y
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(iv) Place of Birth                      

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(v) Nationality                      

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(vi) Place of Residence              

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(vii) Passport  
Number                              

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Place of issue:                      

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(City)

(Country)

Date of issue:                      

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Date of Expiry:                      

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

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Residence                      

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile/Cell                      

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 : \_\_\_\_\_

Applicant should also fill up details at Annexure A, B ,C, otherwise his candidature will be liable for rejection.

**(Signature of the Applicant)**  
**Name of the Applicant**

**B. 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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**C. 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		

**D. Occupation/Employment:**

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

**E. Any achievements professional/educational or other that you want to share with us:** \_\_\_\_\_

**F. Your interests/hobbies** \_\_\_\_\_  
\_\_\_\_\_

**G. 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 you want to take part in the Know India Programme?      |          |

**Annexure C:**

**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)  
Name of the Applicant

Date:

**Annexure-D**

**COMMENTS OF THE CONCERNED INDIAN MISSION/POST**

Name of Indian Mission/Post: 

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Recommendations of the Head of Mission/Post

Signature of HOM/HOP \_\_\_\_\_

Name of the HOM/HOP \_\_\_\_\_

Office Seal

## MEDICAL REPORT

**(To be certified by a doctor/hospital on the panel of the Indian Mission, UN Mission, if any or as designated by Indian Mission)**

(i) Name of Applicant:	
(ii) Age:	
(iii) Sex: (Male / Female)	
(iv) Height (cm):	
(v) Weight (kg):	
(vi) Blood Group:	
(vii) Blood Pressure:	
(viii) Blood Sugar:	(Pre-prandial) ( Peak post- prandial)

1. Is the person examined in good health at present?	
2. Is the person examined physically and mentally fit to carry out intensive training away from home?	
3. Is the person free of infectious diseases (tuberculosis, trachoma, skin diseases etc.)?	
4. Has the person taken Yellow Fever inoculation (in case of people coming from Yellow Fever region or as laid out in WHO Regulations)? <b>Yellow Fever Certificate is mandatory.</b>	
5. Does the person examined have any chronic ailment which may require regular treatment/ medication during the course?	
6. List of any observed abnormalities indicated in the chest X ray.	
7. Does the person require any special assistance to carry out his daily activities? If yes, please specify.	

I certify that the applicant is medically fit to undertake a training course in India.

Name of Doctor/Physician: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Address of Clinic / Hospital: \_\_\_\_\_

City / Town : \_\_\_\_\_

Telephone : \_\_\_\_\_

E mail: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Doctor/Physician: \_\_\_\_\_ Seal of Clinic/Hospital: \_\_\_\_\_

## Check-list for Know India Programme (KIP) application form

Enclose the following documents with the KIP application:

- 1) Recent passport size photograph of the applicant should be pasted in the box provided on the application form. (Inkjet / laser printout on normal paper should not be used for the photo).
- 2) Proof of completion of Bachelor degree. *If the applicant is yet to complete the Bachelor degree, then proof of pursuing the Bachelor degree should be enclosed.*
- 3) Photocopy of latest Malaysian passport. *If the applicant does not have a passport yet, then a photocopy of their Malaysian Identity Card (IC) should be enclosed.*
- 4) Medical report to be provided *in the format prescribed* by the High Commission.
- 5) A 500 word write-up on why you want to participate in the KIP.