GOVERNMENT OF INDIA MINISTRY OF OVERSEAS INDIAN AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

Number of t	Attach							
-	nedule for the 30th KIP 9 th [KIP January 2 to 22, 20	_	o Jan 12, 2015		Recent Passport Size photograph			
PERSONA	L PARTICULARS							
(i)	Name (as in Passport in BLOCK letters)							
	(Surname)	(First Name) (Midd	le Name)				
(ii)	Gender		Male/Female					
(iii)	Date of birth (dd/mr	(iv)	Place of birth	(City)	(Country)			
(v) (vii)	Nationality Marital status Passport Particulars	Domicile (Country where you live in permanently)						
(viii)	No.							
	Place of issue Date of issue	(City)	(Country)					
	Date of Expiry	(dd/mm/yyyy) (dd/mm/yyyy)						
(ix)	Telephone number: (With country and city controller) Fax Number (With country and city controller) E-mail Address		Residence Mobile/Cell		 			

(x) Complete mailing address with PIN/ZIP Code Permanent home address with PIN/ZIP Code (xi) (xii) Name, address (if available) and your relationship with your ancestor who migrated from India: (a) Name (b) Last known address (c) Your relationship with him/her (d) The year when he/she migrated from India, if known (xiii) Particulars in respect of your closest relative in India: (a) Name (b) Present address (c) Your relationship with him/her (d) Contact telephone numbers with city code EDUCATIONAL AND PROFESSIONAL PARTICULARS 1. Educational qualification (i) Graduate / Undergraduate State the name and address of the College/University from where you (ii) completed graduation or under graduation or is doing or have joined for graduation (iii) Subjects of study Medium of instruction (iv) 2. Qualification in English language 3. Details of Occupation/employment: S.N. Organization/Office/Firm Position held Period (Name and address) From To

4.	Contact particulars of the present employer:					
5.	Telephone number: (With country and city code) Fax Number (With country and city code) E-mail Address Personal Achievements, If any	Mobile/Cell				
				-		
OTE	HER DETAILS					
1.	Details of Community Activities, if undertak	ten:				
2.	Are you a member of any Overseas Indian Association/Organization? If yes, give its na And address	Association/Organization? If yes, give its name				
3.	How did you come to know about the KIP? (Through an Indian Diplomatic Mission/Post Media advertisement, a previous participant or others- to be specified)	t,				
4.	Have you participated in a previous Know Ir Programme? If yes, provide details.	ndia	Yes/No			
5.	Have you visited India earlier? if yes, please provide details of your last two visits includi the month and year of the visit, places visited and the purpose for your visit	ing	Yes/No			
5.	Has any sibling / relative of yours attended I	KIP before	Yes/No			
7.	Please state, in not more than 250 words, why do you wish to take part in the know India Programme and what do they expect to gain?					

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 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:

ENDORSEMENT OF THE CONCERNED INDIAN MISSION/POST

Name of Indian Mission/Post:

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)	
(viii) Dioca Gagaii	I.		
1. Is the person example present?	amined in good health	n at	
2. Is the person examine to carry out intensive tra	ining away from home		
3. Is the person free of in (tuberculosis, trachoma,			
4. Has the person taken case of people coming for laid out in WHO Regulat Certificate is mandator	rom Yellow Fever regions)? Yellow Fever ry.	gion or as	
5. Does the person examallment which may requimedication during the co			
6. List of any observed a chest X ray.	bnormalities indicate		
Does the person requ carry out his daily activiti			
I certify that the ap	oplicant is medically fi	it to undertake a training course in India	ā.
Name of Doctor/Physician:_			_
Registration No.:			
Address of Clinic / Hospital:			
City / Town :			_
Telephone :			
E mail:			
Date:			
Signature of Doctor/Physicia	an:	Seal of Clinic/Hospital:	

2014-15

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 Bachelor degree should be enclosed.
- 3) Photocopy of latest Malaysian passport. If the applicant does not have a passport yet, the photocopy of their Malaysian Identity Card (IC) should be enclosed.