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)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Middle Name</th>
<th>First Name</th>
</tr>
</thead>
</table>

(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

<table>
<thead>
<tr>
<th>Number</th>
<th>Place of issue:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(City) (Country)</td>
</tr>
</tbody>
</table>

Date of issue: D D M M

Date of Expiry: D D M M

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

<table>
<thead>
<tr>
<th>Work Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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: ________________________________

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

(b) Last Known address of your relative

(c) Your relationship with him/her

(d) Mobile number of your relative with city code

C. EDUCATION

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

D. Occupation/Employment:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Organization/Company (Complete Name and Location address)</th>
<th>Position</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>From</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To</td>
</tr>
</tbody>
</table>

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: ____________________________

Recommendations of the Head of Mission/Post

Signature of HOM/HOP ____________________________

Name of the HOM/HOP ____________________________

Office Seal