

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/NRI Certificate/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:	D D M M Y Y Y Y	
(iv)	Place of Birth		
(v)	Nationality		
(vi)	Place of Residence		
(vii)	Passport Details		
	Passport No.		
	Place of Issue (City, Country)		
	Date of Issue		
	Date of Expiry		
(viii)	Telephone No. (With Country and City Code)		
	Work		

Residence

Mobile/Cell

Whatsapp No.

Fax No.

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/NRI Certificate - Yes/No

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

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

NRI Certificate 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	Class 12
(i)	Name/Location School/College/University from where you graduated or are studying.			
(ii)	Subjects of study			
(iii)	Language of instruction in school/ college/university			

(iv)	Describe your English language skills			
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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? | |

Annexure-B

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: _____

Annexure-D

Name of Indian Mission/Post:

[illegible]

Signature of HOM/HOP _____

Name of the HOM/HOP _____

Office Seal