GOVERNMENT OF INDIA
MINISTRY OF EXTERNAL AFFAIRS
NEW DELHI

APPLICATION FORM KNOW INDIA PROGRAMME (KIP)

KIP No. __________

A. PERSONAL DETAILS
(i) Complete Name (as in Passport in BLOCK letters)

Last Name

Middle Name

First Name

(ii) Gender: Male/Female

(iii) Date of Birth: DD MM YYYY

(iv) Place of Birth

(v) Nationality

(vi) Place of Residence

(vii) Passport Details:
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) Complete mailing address with ZIP Code: ____________________________________________

(x) Permanent home address with ZIP Code: ____________________________________________

(xi) Your or your parents place of origin in India: ________________________________

(xii) PROOF OF INDIAN ORIGIN

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

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

If applicant does not hold a PIO or OCI card, he/she may provide details of PIO or OCI Card of Mother/Father/Grandfather/Grandmother ___________

Name of PIO/OCI Card holder ________________________________

- Please attach copy of documentary proof of Indian origin.

B. Details of International Medical and Travel Insurance policy

Policy No: ______________________________

Please attach insurance copy of the policy issued by (Name of Company _____________) Valid from (Date) ___________ to ___________

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 ______________________________

(b) Last Known address of your relative ______________________________

(c) Your relationship with him/her ______________________________

(d) Mobile number of your relative with city code ______________________________

D. EDUCATION

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

<table>
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<tr>
<th>S. No.</th>
<th>Organization/Company (Complete Name and Location address)</th>
<th>Position</th>
<th>Period</th>
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F. **Any achievements professional/educational:**

G. **Interests/hobbies**

H. **OTHER DETAILS:**

i) Have you participated in a previous Know India Programme? If yes, provide details. Yes / No

ii) Have you visited India earlier? If yes, please month and year of the visits, places visited and purpose:

iii) Has any sibling/relative of yours attended KIP before Yes / No

iv) Please describe, in not more than 250 words, why you want to take part in the Know India Programme?

**DECLARATION:**

I, HEREBY, DECLARE THAT ALL THE INFORMATION GIVEN IN THIS Application Form is 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. 90% of the international airfare paid by the Government of India will be repaid to the Indian Mission/Consulate, if I do not complete the KIP.

(Signature of the applicant)

Name of the Applicant

Date:

**COMMENTS OF THE INDIAN MISSION/POST**

Name of Indian Mission/Post: 

Recommendations of the Head of Mission/Post

Signature with Date of HOM/HOP _____________________
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 –

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Signature of the Applicant

(Complete Name:- )

Date:------------------

Place:----------------

_______________________

Countersigned and stamped by
Head of Indian Mission or DCM/DHC/DCG

Complete Name____________

Place: ____________

Date: ______________