**GOVERNMENT OF INDIA**

**MINISTRY OF EXTERNAL AFFAIRS**

**NEW DELHI**

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

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| KIP No. |  |  |
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**A. PERSONAL DETAILS**

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

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**Last Name**

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**Middle Name**

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**First Name**

(ii) Gender : Male/Female

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(iii) Date of Birth:

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(iv) Place of Birth

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(v) Nationality

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(vi) Place of Residence

(vii) Passport Details:

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Number

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Place of issue:

(City) (Country)

Date of issue:

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Date of Expiry:

(viii) Telephone Number:

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(with country and city code) Work

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Residence

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Mobile/Cell

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Fax Number

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(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:

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(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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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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(d) Mobile number of your relative with city code

**D. 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 |  | |

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**E. Occupation/Employment:**

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

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Name of the HOM/HOP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Seal

**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: \_\_\_\_\_\_\_\_\_\_\_\_