

APPLICATION FORM
GOVERNMENT OF INDIA
MINISTRY OF OVERSEAS INDIAN AFFAIRS
NEW DELHI
APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

Number of the KIP that you wish to take part: **33rd and 34th**

(Tick mark the one which is applicable in the case of the applicant)

Attach
Recent Passport
Size photograph

[Tentative schedule for the **33rd KIP** 29th June, 2015 – 19th July, 2015
and

for **34th KIP** 17th August, 2015-07th September, 2015]

PERSONAL PARTICULARS

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

(Surname) (First Name) (Middle Name)

(ii) Gender Male/Female

(iii) Date of birth (iv) Place of birth -----

(dd/mm/yyyy) (City) (Country)

(v) Nationality ----- (vi) Domicile -----

(Country where you live in permanently)

(vii) Marital status -----

(viii) Passport Particulars

No. -----

Place of issue -----

(City) (Country)

Date of issue -----

(dd/mm/yyyy)

Date of Expiry -----

(dd/mm/yyyy)

(ix) Telephone number: Work -----

(With country and city code) Residence -----

Mobile/Cell -----

Fax Number -----

(With country and city code)

E-mail Address -----

(x) Complete mailing address with PIN/ZIP Code

(xi) Permanent home address with PIN/ZIP Code

(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

(ii) State the name and address of the College/University from where you completed graduation or under graduation or is doing or have joined for graduation.

(iii) Subjects of study

(iv) Medium of instruction

2. Qualification in English language

3. Details of Occupation/employment:

S.N.	Organization/Office/Firm (Name and address)	Position held	Period	
			From	To

4. Contact particulars of the present employer:

Telephone number: Work -----

(With country and city code) Mobile/Cell -----

Fax Number -----

(With country and city code)

E-mail Address -----

5. Personal Achievements, If any _____

OTHER DETAILS

1. Details of Community Activities, if undertaken:

2. Are you a member of any Overseas Indian Association/Organization? If yes, give its name
And address

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)

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

5. Have you visited India earlier? if yes, please
provide details of your last two visits including
the month and year of the visit, places visited Yes/No
and the purpose for your visit

6. Has any sibling / relative of yours attended 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
