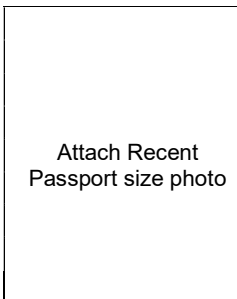


**GOVERNMENT OF INDIA  
MINISTRY OF EXTERNAL AFFAIRS  
NEW DELHI**

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

KIP Edition No.



**Note: Candidates are requested to attach all required documents such as Passport Copy, Education Qualification Certificate, PIO/OCI/Annexure-C, Passport Size Colored Photograph & other relevant documents with this Application before forwarding the same to the Indian Missions/Posts concerned.**

**A. PERSONAL DETAILS**

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

\_\_\_\_\_  
Last Name                                  First Name                                  Middle Name

(ii) Gender :                                  Male/Female

(iii) Date of Birth:                                 

(iv) Place of Birth                                 

(v) Nationality                                 

(vi) Place of Residence                                 

(vii) Passport 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 : \_\_\_\_\_

**B. Proof of Indian Origin**

Hold PIO/OCI Card - Yes/No

PIO Card No: \_\_\_\_\_ Date of Issue \_\_\_\_\_ Place of issue \_\_\_\_\_

OCI Card 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

(b) Last Known address of your relative

(c) Your relationship with him/her

(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		

**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:**

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**G. Your interests/hobbies**

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**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:

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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: \_\_\_\_\_

Office Seal: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

