GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

KIP N	o
Α.	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:
(iv)	Place of Birth
(v)	Nationality
(vi)	Place of Residence
(vii)	Passport Number Place of issue:
	Date of Expiry: (City) (Country) 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:

	or rejec	tion.													
					(Sig			of t							
	<u>Detail</u>	s of Family/Relative(s) in India													
ı Iı	Name,	address (if available) and your re	lation	nship	wit	h you	ır nea	arest	rela	tive	wh	o m	nig	rate	d
C	omplete	Name													
La	st Knov	vn address of your relative										I			
Yo	our relat	ionship with him/her			T						·	T	T		
	(i) (ii) (iii)	Name/Location College/University from where you graduated or are studying. Subjects of study Language of instruction in college/university	Grad	uate					Un	der	grad	luat	e		
	(iv)	Describe your English language skills													
	Occuj	pation/Employment:													
	S. No.	Organization/Company (Complete Name and Location address)	Position F1						n	Pe	riod		То		
			1												

G.	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 you want to take part in the Know India Programme?

Annexure C:

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)
Name of the Applicant

Date:

Annexure-D

	COMMENTS	OF THE	CONCERNED	INDIAN	MISSION/PC	151
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Name of Indian Mission/Post:													
	_	_	_			913							

Recommendations of the Head of Mission/Post

Signature of HOM/HOP _____

Name of the HOM/HOP_____

Office Seal