

**GOVERNMENT OF INDIA
MINISTRY OF EXTERNAL AFFAIRS
NEW DELHI
APPLICATION FORM KNOW INDIA PROGRAMME (KIP)**

There will be four Know India Programmes from December, 2016 to January, 2017. Each KIP group will have a different focus State in India. Visit to the focus State would be for 10 days. In addition to the focus state all groups will visit Delhi, Agra and Bengaluru.
Please indicate your preference for which KIPs you would like to attend. Ministry will make an attempt to include you in the KIP which is your first preference; and fulfilment of all eligibility criteria, as written in the guidelines.

Your Recent Passport
size Colour Photo

KIP	Preference (1, 2, 3 & 4) Write in order of Priority	State	Dates	Any specific reason for your first preference. (10 words)
37 th KIP		Uttar Pradesh	17 DEC 2016 to 10 JAN 2017	
38 th KIP		Kerala	17 DEC 2016 to 10 JAN 2017	
39 th KIP		Gujarat	27 DEC 2016 to 20 JAN 2017	
40 th KIP		West Bengal	27 DEC 2016 to 20 JAN 2017	

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	Transgender

(iii) Date of Birth:

D	D	M	M	Y	Y	Y	Y

(iv) Age: (as on 1st November, 2016) _____

(v) Place of Birth:

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(vi) Nationality:
(Citizenship):

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(vii) City of Residence:

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(viii) Country of Residence:

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(xi) Complete mailing address with ZIP Code:

House/Apartment No:

Name of Street:

Town/City:

State:

Country:

Zip Code:

(xii) Permanent home address with ZIP Code:

House/Apartment No:

Name of Street:

Town/City:

State:

Country:

Zip Code:

(xiii) Your or your parents place of origin in India (City or State) :

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	Very Good	Good	Average	Poor

E. Occupation/Employment: - In last Five Years: 2011 to 2016.

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

F. Any achievements professional/educational:

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G. Interests/hobbies

H. OTHER DETAILS:

i) Have you participated in a previous Know India Programme? **Yes** **No**

If yes – write details here year/month _____

(ii) Study India programme **Yes** **No**

If yes, write year/month here _____

(iii) Internship Programme for Diaspora Youth **Yes** **No**

If yes, write year/month here _____

(iv) Any other programme/tour organized and sponsored by Govt. of India or a State Government in India. **Yes** **No**

If yes, write year/month here _____

(v) Have you visited India earlier? If yes, Please mention month and year of the visits, Purpose: **(Tourism/Family Visit/Medical/Business/Academic)**

(vi) Please describe, in not more than 100 words, why you want to participate 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)

Complete Name of the Applicant

Date:

COMMENTS OF THE INDIAN MISSION/POST

Name of Indian Mission/Post:

Recommendations of the Head of Mission/Post/or DCM/DCG/DHC

Signature _____

Complete Name _____

Office Seal

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

Signature of the Applicant: _____

Complete Name:- _____

Date:-----

Place: -----

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

Complete Name _____

Office Seal:-

Place: _____

Date: _____