GOVERNMENT OF INDIA
MINISTRY OF EXTERNAL AFFAIRS
NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

KIP Edition No. ☐

Attach Recent Passport size photo

Note: Candidates are requested to attach all required documents such as Passport Copy, Educational 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)

_____

First Name Middle Name Last Name

(ii) Gender : Male/Female

(iii) Date of Birth: D D M M Y Y Y Y

(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:

_____
_____
_____
_____
_____
_____

G. Your interests/hobbies_____
_____
_____
_____
_____

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:

Annexure-C

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:_____

Date:_____

Place:_____

Annexure-D

COMMENTS 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