GOVERNMENT OF INDIA MINISTRY OF OVERSEAS INDIAN AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

	the KIP that you wish the one which is applicable				Attach		
	nedule for the 24th KIP is 25 t, 2013 - 18 th Septembe 2014]				Recent Passport Size photograph		
PERSONA	L PARTICULARS						
(i)	Name (as in Passport in BLOCK letters)						
	(Surname)	(First Name) (Mid	dle Name)			
(ii)	Gender		Male/Female				
(iii)	Date of birth (dd/m	(iv)	Place of birth	(City)	(Country)		
(v) (vii)	Nationality Marital status		Domicile (Country where y				
(viii)	Passport Particulars						
	No.						
	Place of issue Date of issue	(City)	(Count	try)			
	Date of Expiry	(dd/mm/yyyy)					
		(dd/mm/yyyy)					
(ix)	Telephone number: (With country and city	Work code)	Residence Mobile/Cell	 			
	Fax Number (With country and city of the c						

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 Particulars in respect of your closest relative in India: (xiii) (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	Position held	Period	
	(Name and address)		From	To

Details of Community Activities, if undertaken:					
t in the					
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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 ENDORSEMENT OF THE CONCERNED INDIAN MISSION/POST Signature of HOM/HOP _____

Name of Indian Mission/Post:

Recommendations of the Head of Mission/Post

Date:

Name of the HOM/HOP

Office Seal