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 Priortiy	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 F	Passport in BLOCK letters)	
	Last Name		
	Middle Name		
	First Name		
(ii)	Gender:	Male Female Transgender	
(iii)	Date of Birth:	D D M M Y Y Y Y	
(iv)	Age: (as on 1 st Novembe	er, 2016)	
(v)	Place of Birth:		
(vi)	Nationality: (Citizenship):		
(vii)	City of Residence:		
(viii)	Country of Residence:		_ _

(ix)	Passport Det	ails:												
	Number													
	City/Place of	issue	:											
Countr	ry in which iss	ued												
Date o	f issue:													
Date o	f Expiry:	ſ												
(x)	Telephone N	umbe	r: (wit	th cou	untry a	and (city o	code)					
Work:														
Reside	ence:													
Mobile	/Cell:													
Email:									_					

(xi) Complete mailing	g address with ZIP Code:	
House/Apartment No:		
Name of Street:		
Town/City:		
State:		
Country:		
Zip Code:		
(xii) Permanent home	e address with ZIP Code:	
House/Apartment No:	-	
Name of Street:		
Town/City:		
State:		
Country:		
Zip Code:		
(xiii) Your or your pa	arents place of origin in India (City or State)	

(xiv) PROOF OF INDIAN ORIGIN (PIO or OCI Card)

O Card No:Date of Issue_								
l Card No:Date o		issue_			Place	of issue_		
nplete Name of any er/grand mother.	one PIO/OCI o	ard ho	lder (e	ither yo	urself, yo	ou father,	mother	or grand
Last Name				•	•		1	_
Middle Name						<u> </u>		_
First Name								_
If the PIO/OCI card	d holder is	your						7
(Select one of thes	e options :)	•	Par	ent	Gra	and Pare	nt	
Please attach co above. If you do not have by the Head or De	e any proof of In	dian Or	igin, pl	ease sigr	the decl			
Details of Intellicipation in the Percentage of	KIP (can be of issue of tick	orovide et.	ed to	Embas		-	-	
ne of Company whic	ch issued the n	olicy:						

Name of y	our neares	t relativ	e/and	cesto	r who	migra	ted fro	om In	dia: if	know	'n.	
First Na	me		1					•	1	•	•	
Middle	Name											_
Last Na	me				l			<u>I</u>		<u> </u>	1	
Address of yo	ur relative	(in India	a):									
se/Apartment	No:											
e of Street:												
n/City:												
: :												
ntry:												
ode:												
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		Graduate		Undergradu	ate
(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			
ivo.			From	То		

F.	Any achievements professional/educational:

	<u>OTI</u>	HER DETAILS:		
	i) Kno	Have you participated in a previous ow 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 (Tourism/Family Visit/Medical/Business/A	•	
-		e describe, in not more than 100 words, w ant to participate in the Know India Progra	-	

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 IN	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)

1	(complete name) born on	(Date of birth),
daughter/ son of	(Complete name do hereby s	state that I am of
Indian origin because of the follo	owing reasons	
	Signature of the Applicant:	
	Complete Name:-	
Date:		
Place:		
	Countersigned Head of Indian Mission or	and stamped by DCM/DHC/DCG
	Complete Name	
	Office Seal:-	
Place:		
Date [.]		