GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

N	PERSONAL DETAILS		
	Complete Name (as in Pass	port in BLOCK letters)	
	Last Name	Middle Name	First Name
		ıle/Female	
	Date of Birth:	D M M Y Y Y	Y
	Place of Birth		
	Nationality		
	Place of Residence		
	Passport		
	Number		
	Place of issue:		
	Date of issue:	(City)	(Country)
	Date of Expiry:		
	Telephone Number: (with country and city code) Work Residence	
	Mobile/Cell		
	Fax Number		
	Email:	@	

le f	Applio	cant should also fi	ill up details at	Annexu	ıre A,	В ,С	other	wise l	nis ca	andid	atur	e w	ill l	be
								(Sig	natu: Na:	re of me o				
	<u>Detai</u>	s of Family/Rela	tive(s) in India	<u>1</u>										
n Ir	Name ndia:	, address (if availa	able) and your 1	elations	ship v	vith y	our ne	arest :	relati	ve w	ho ı	mig	rate	d
Co	omplete	Name												
La	st Knov	wn address of you	r relative											
Yo	ur relat	ionship with him/	her											
M	obile n	umber of your rela	ative with city of	code										
	EDUC	<u>CATION</u>												
		Graduate					Undergraduate							
	(i)	Name/Location College/Univers where you gradu studying.												
	(ii)	Subjects of stud												
	(iii)	Language of ins college/university												
	(iv)	Describe your E language skills	•											
	Occupation/Employment:													
	S. No.	Organization/Complete Namaddress)	· ·		Position		Fron		Perio		To			
										-				
	Amria	chievements pro	faccional/adva	otional	or of	her t	hat vo	ıı waı	nt to	shar	e w	ith		

G.	OTHER	DETAIL	S
G.	OILLEN	DUIALL	C

.	OTHER DETRIES.		
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, place visited and purpose:	·s	Yes / No
3.	Has any sibling/ relative of yours attended	ed KIP before	Yes / No
4.	Please describe, in not more than 250 wo you want to take part in the Know India	•	
			Annexure C:
DECL	ARATION:		
Form a	I, HEREBY, DECLARE THAT ALL Three true and correct to the best of my information.		N IN THIS Application
my ful	I also declare that I will abide by the reg l cooperation in its smooth conduct, and w		Programme, would offer
any fu	I understand that if I am found guilty of ogramme, I could be refused any further puture KIP and that I would not be eligible ational airfare from my country of residentional airfare would also not be made to make the country of th	articipation in the said progra ible for reimbursement of ce to India. The said reimb	amme or participation in the 90% of the return pursement of 90% of the
		(Si	gnature of the applicant)
Date:			Name of the Applicant
			Annexure-D
COM	MENTS OF THE CONCERNED IN	DIAN MISSION/POST	
Name	of Indian Mission/Post:		
Recom	nmendations of the Head of Mission/Post		
		Signature of HOM/HOP _	
		Name of the HOM/HOP	

Office Seal