

MINISTRY OF OVERSEAS INDIAN AFFAIRS
Government of India
New Delhi

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

Number of the KIP that you wish to take part: 12th, 13th or 14th

[Tentative schedule for the 12th KIP is August-September; for 13th KIP is January 2010 and 14th KIP, it is March 2010]

Attach
Recent Passport Size photograph

PERSONAL PARTICULARS

- (i) Name (as in Passport in **BLOCK** letters)
- | | | |
|-----------|--------------|---------------|
| _____ | _____ | _____ |
| (Surname) | (First Name) | (Middle Name) |
- (ii) Gender Male/Female
- (iii) Date of birth (dd/mm/yyyy) (iv) Place of birth _____
- | | | |
|--|--------|-----------|
| | (City) | (Country) |
|--|--------|-----------|
- (v) Nationality ----- (vi) Domicile -----
(Country where you live in permanently)
- (vii) Marital status -----
- (viii) Passport Particulars
- No. _____
- Place of issue _____
- | | |
|--------|-----------|
| (City) | (Country) |
|--------|-----------|
- Date of issue (dd/mm/yyyy) _____
- Date of Expiry (dd/mm/yyyy) _____
- (ix) Telephone number: (With country and city code)
- | | |
|------------------------------|--|
| Work _____ | |
| Residence _____ | |
| Mobile/Cell _____ | |
| Fax Number _____ | |
| (With country and city code) | |
| 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
- (xiii) Particulars in respect of your closest relative in India:
- (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) State the name and address of the College/University from where you completed under graduate course or have joined it for this purpose
 - (ii) Subjects of study
 - (iii) Medium of instruction
2. Qualification in English language
3. Details of Occupation/employment:

S.N.	Organization/Office/Firm (Name and address)	Position held	Period	
			From	To

4. Contact particulars of the present employer:

Telephone number:
(With country and city code)

Work -----
Mobile/Cell -----

Fax Number _____
(With country and city code)
E-mail Address _____

5. Personal Achievements, If any _____

OTHER DETAILS

1. Details of Community Activities, if undertaken:
2. Are you a member of any Overseas Indian Association/Organization? If yes, give its name And address
3. How did you come to know about the KIP? (Through an Indian Diplomatic Mission/Post, Media advertisement, a previous participant or others- to be specified)
4. Have you participated in a previous Know India Programme? If yes, provide details. Yes/No
5. Have you visited India earlier? if yes, please provide details of your last two visits including the month and year of the visit, places visited and the purpose for your visit
6. Please state, in not more than 100 words, why do you wish to take part in the Know India Programme?

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 any other KIP and that I would not be eligible for reimbursement of the one way international airfare from my country of residence to India. The one way international airfare from my country of residence to India would also not be reimbursable to me if I leave the Programme mid-way.

(Signature of the applicant)

Name of the applicant

Date:

ENDORSEMENT OF THE CONCERNED INDIAN MISSION/POST

Name of Indian Mission/Post:

Recommendations of the Head of Mission/Post

Signature of Officer _____

Name of the Officer _____

Office Seal

Date