## GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

## APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

KIP N	o		
A.	PERSONAL DETAILS		
(i)	Complete Name (as in Pass)	port in <b>BLOCK</b> letters)	
	Last Name	Middle Name	First Name
(ii)	Gender: Ma	le/Female	
(iii)	Date of Birth:	D M M Y Y	Y
(iv)	Place of Birth		
(v)	Nationality		
(vi)	Place of Residence		
(vii)	Passport Number Place of issue:		
	Date of issue:	(City)	(Country)
	Date of Expiry:		
(viii)	Telephone Number: (with country and city code)	) Work Residence	
	Mobile/Cell Fax Number		
	Email:	@	
(ix)	Complete mailing address w	vith ZIP Code:	

								(Sign	natui	·e of	f th	<b>ρ Δ</b>	nnl	icai	nt)
								(Digi	Nar						
<u>D</u>	etail	s of Family/Relative(s) in I	<u>ndia</u>												
N Indi		, address (if available) and yo	our relat	ionshi	p wit	h you	r nea	rest r	elati	ve w	ho	mig	grat	ed	
Com	plete	Name													
Last I	Knov	vn address of your relative													
Your relationship with him/her							I	Τ							
		-		•	•	·					•		•		
Mob	ile nı	umber of your relative with c	ity code		$\top$										
<u>E</u>	DU(	<u>CATION</u>					1				ı				
			Gr	Graduate					Undergraduate						
	(i)	Name/Location		Graduate					01100						
		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													
<u>o</u>	ccup	pation/Employment:													
	S.	Organization/Company		Position					Period						
		(Complete Name and Loca address)	tion				I	From			То				
ľ			1												

٨	n	n	A.			٠, 1	D
$\mathbf{A}$	п	п	ex	ш	Гŧ	•	n

G.		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 you want to take part in the Know India Programme?				
				<u>An</u>	next	ıre C:
DE	CL	ARATION:				
For	m a	I, HEREBY, DECLARE THAT ALL THE INFORMATION GIVEN I re true and correct to the best of my information and belief.	N TH	IS A	ppli	cation
my	full	I also declare that I will abide by the regulations of the Know India Progression in its smooth conduct, and would not leave it mid-way.	gramn	ne, w	oulo	d offer
any	fut rnat	I understand that if I am found guilty of any misconduct or indiscipline ogramme, I could be refused any further participation in the said programme ture KIP and that I would not be eligible for reimbursement of the tional airfare from my country of residence to India. The said reimburse tional airfare would also not be made to me if I leave the Programme mid-	ne or 90% ement	parti of	cipat the	tion in return
		(Signa N				licant) olicant
Date	e:			Δr	nev	ure-D
CO	M	MENTS OF THE CONCERNED INDIAN MISSION/POST		<u>A1</u>	шсх	urc-D
Nan	ne c	of Indian Mission/Post:		П	Τ	
Rec	om	mendations of the Head of Mission/Post		•	-	

Office Seal

Signature of HOM/HOP \_\_\_\_\_

Name of the HOM/HOP\_\_\_\_\_