

**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 Priority | 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 | |

(ix) Passport Details:

Number

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City/Place of issue:

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Country in which issued

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(x) Telephone Number: (with country and city code)

Work:

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Residence:

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Mobile/Cell:

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Email: _____

(xi) Complete mailing address with ZIP Code:

House/Apartment No:

Name of Street:

Town/City:

State:

Country:

Zip Code:

(xii) Permanent home address with ZIP Code:

House/Apartment No:

Name of Street:

Town/City:

State:

Country:

Zip Code:

(xiii) Your or your parents place of origin in India (City or State):

(xiv) Proof of Indian Origin (PIO or OCI Card)

If applicant does not hold a PIO or OCI card, he/she may provide details of PIO or OCI Card of Mother/Father/Grandfather/Grandmother_____

PIO Card No:_____Date of Issue_____Place of issue_____

OCI Card No:_____Date of issue_____Place of issue_____

Complete Name of any one PIO/OCI card holder (either yourself, you father, mother or grand father/grand mother.

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Last Name

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Middle Name

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First Name

If the PIO/OCI card holder is your:

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| Parent | Grand Parent |
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(Select one of these options)

- Please attach copy of documentary- Proof of Indian origin* (copy of PIO/OCI Card mention above.
- If you do not have any proof of Indian Origin, please sign the declaration (last page) and get it attested by the Head or Deputy Head of the Indian Embassy/Consulate.

B. Details of International Medical and Travel Insurance policy for the duration of participation in the KIP (a copy of the policy to be provided to the Embassy / Consulate at the time your application is accepted), and at time of issue of ticket.

Policy No: _____

Name of Company which issued the policy: _____

Valid from (Date)_____to_____

D. EDUCATION

| | | Graduate | | Undergraduate | |
|-------|----------------------------------------------------------------------------------------|-----------|------|---------------|------|
| (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 | |
|-----------|-----------------------------------------------------------------|----------|--------|----|
| | | | From | To |
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F. Any achievements professional / educational:

G. Interests/hobbies

H. OTHER DETAILS:

i) Have you participated in a previous Know 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, Purpose: (Tourism/Family Visit/Medical/Business/Academic)

(vi) Please describe, in not more than 100 words, why you want to participate in the Know India Programme?

DECLARATION:

I, HEREBY, DECLARE THAT ALL THE INFORMATION GIVEN IN THIS Application For 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 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 Programme, I could be refused any further participation in the said programme or participation in 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 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: _____