GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

DEDCONAL DETAILS		
PERSONAL DETAILS Complete Name (as in Pa	ssport in BLOCK letters)	
	Soport in 220 CH rotters)	
Last Name	Middle Name First Name	;
Gender: N	Male/Female	
Date of Birth:	D D M M Y Y Y Y	
Place of Birth		
Nationality		
Place of Residence		
Passport		
Number		
Place of issue:		
Date of issue:	(City) (Country	y)
Date of Expiry:		
Telephone Number: (with country and city coo	de) Work Residence	
Mobile/Cell Fax Number		

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3.	<u>Detai</u>	ls of Family/Re	elative(s)	in Inc	<u>lia</u>													
i) rom I		, address (if ava	ilable) an	d you	r rel	ation	ship	with	you	r neai	rest r	elativ	ve w	ho	mig	grat	ed	
a) C	omplete	Name																
b) La	ıst Knov	wn address of ye	our relativ	ve														
c) Yo	our relat	ionship with hir	m/her								1							
c) 10	our rerui	ionsinp with in	11/1101			<u> </u>					1						l	
(d) M	Iobile n	umber of your r	elative wi	th cit	y co	de												
C.	EDUC	CATION								I		1						
				(Graduate				1	Undergraduate								
	 (i) Name/Location College/University from where you graduated or a studying. (ii) Subjects of study (iii) Language of instruction i college/university (iv) Describe your English 		2															
			ıdv															
				in														
	(iv)	language skill																
) .	Occur	nation/Employ	mont.															
,	Occupation/Employment:																	
		S. Organization/Company No. (Complete Name and Location address)				Position			rom	Period To								
	1,01										10111							

G.	OTHER	DETA	TT C.
U .	OTHER	DETA	TTO:

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, 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 I	· · · · · · · · · · · · · · · · · · ·	
			Annexure C:
DEC	LARATION:		
Form	I, HEREBY, DECLARE THAT ALL T are true and correct to the best of my inform		IN THIS Application
my fu	I also declare that I will abide by the reg ll cooperation in its smooth conduct, and w		ogramme, would offer
any f	I understand that if I am found guilty of ogramme, I could be refused any further particle KIP and that I would not be eligational airfare from my country of resident ational airfare would also not be made to m	articipation in the said programible for reimbursement of the ce to India. The said reimbursement of the said program of the said	nme or participation in ne 90% of the return resement of 90% of the
Date:		, •	nature of the applicant) Name of the Applicant
Date.			A nunorumo D
~~=			Annexure-D
COM	IMENTS OF THE CONCERNED IN	DIAN MISSION/POST	
Name	of Indian Mission/Post:		
Reco	nmendations of the Head of Mission/Post		
		Signature of HOM/HOP	
		-	
		Name of the HOM/HOP	

Office Seal

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