## 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 <b>BLOCK</b> letters)	
	Soport in 220 CH rotters)	
Last Name	Middle Name First Name	<b>;</b>
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								
	<ul> <li>(i) Name/Location College/University from where you graduated or a studying.</li> <li>(ii) Subjects of study</li> <li>(iii) Language of instruction i college/university</li> <li>(iv) Describe your English</li> </ul>		2															
			ıdv															
				in														
	(iv)	language skill																
<b>)</b> .	Occur	nation/Employ	mont.															
<b>,</b>	Occupation/Employment:																	
		S. Organization/Company No. (Complete Name and Location address)				Position			rom	Period To								
	1,01										10111							

G.	<b>OTHER</b>	DETA	TT C.
<b>U</b> .	OTHEK	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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