

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 or 13th or 14th
 (Tick mark the one which is applicable in the case of the applicant)

[Tentative schedule for the 12th KIP is August-September 2009, for 13th KIP
 It is December 2009 - January 2010, and for 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 _____ (iv) Place of birth _____
 (dd/mm/yyyy) (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: Work _____
 (With country and city code) 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	-----
Fax Number (With country and city code)	Mobile/Cell	-----
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 Programme or participation in any future Programmes and that I would not be eligible for any reimbursement of the return international airfare from my country of residence to India as per clause 10 of the guidelines prescribed for the Programmes. Reimbursement of 90% of the international airfare for cheapest economy class travel for the purpose would also not be admissible 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 HOM/HOP _____

Name of the HOM/HOP _____

Office Seal

Date