

**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 <sup>th</sup> KIP		Uttar Pradesh	17 DEC 2016 to 10 JAN 2017	
38 <sup>th</sup> KIP		Kerala	17 DEC 2016 to 10 JAN 2017	
39 <sup>th</sup> KIP		Gujarat	27 DEC 2016 to 20 JAN 2017	
40 <sup>th</sup> KIP		West Bengal	27 DEC 2016 to 20 JAN 2017	





(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)  :



**C. Details of Family/Relative(s) in India**

(i) Name of your nearest relative/ancestor who migrated from India: if known.

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**First Name**

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**Middle Name**

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**Last Name**

(b) Address of your relative (in India):

House/Apartment No:

Name of Street:

Town/City:

State:

Country:

Zip Code:

(c) Your relationship with him/her

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**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

**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 Form is 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 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: \_\_\_\_\_

**DECLARATION**

**(For applicants who do not possess any documentary evidence of Indian Origin)**

I \_\_\_\_\_ (complete name) born on \_\_\_\_\_ (Date of birth),  
daughter/ son of \_\_\_\_\_ (Complete name do hereby state that I am of  
Indian origin because of the following reasons

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Signature of the Applicant: \_\_\_\_\_

Complete Name:- \_\_\_\_\_

Date:-----

Place: -----

Countersigned and stamped by  
Head of Indian Mission or DCM/DHC/DCG

Complete Name \_\_\_\_\_

Office Seal:-

Place: \_\_\_\_\_

Date: \_\_\_\_\_