GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS NEW DELHI

APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)

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PERSONAL DETA	AILS										
Complete Name (as	<u> </u>	ort in BLO	CK le	tters)							
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Gender: Date of Birth:	D	e/Female D M	M Y	Y	Y	Y					
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Place of Birth											
Nationality											
Place of Residence										Ш	
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Place of issu	ıe:								<u> </u>	П	
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Date of issue:		(City)						(C	ountr	у)	
Date of Expiry:											
Telephone Number:								1	1		1
(with country and ci	ty code)	Work Reside	nce								
Mobile/Cell											
Fax Number						<u> </u> 				<u> </u>	
Email:		@			1	•	•				

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	<u>Detai</u>	s of Family/R	elative(s) i	n Indi	<u>a</u>													
m In		, address (if av	ailable) and	l your	relatio	onshi	p wit	h yo	ur nea	arest	t rel	lativ	e w	ho	mig	grat	ed	
Co	mplete	Name																
Las	st Knov	vn address of y	our relativ	e														
You	ur relat	ionship with hi	m/her															
) Mo		umber of your	relative wit	h city						<u> </u>								
	(i)	Name/Location College/Univ	ersity from		Gra	duate	;				U	nde	rgra	dua	ite_			
	(ii)	studying. Subjects of st	udy															
	(iii)	Language of college/unive		in														
	(iv)	Describe your language skill	r English															
	<u>Occu</u>	pation/Employ	ment:															
	S. Organization/Company No. (Complete Name and Location address)		Position From			Fro	rom To											
	•	chievements p					othe	er th	at you	u wa	ant	to s	har	e w	vith			

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G.	OTHER DETAILS:							
1	Have you participated in a previous Know India Programme? If yes, provide	e details.		Yes / No				
2	Have you visited India earlier? If yes, please month and year of the visits, place visited and purpose:	es	Yes / No					
3	. Has any sibling/ relative of yours attend	ed KIP before		Yes / No				
4	Please describe, in not more than 250 we you want to take part in the Know India							
				Annexure C:				
DEC	LARATION:							
Form	I, HEREBY, DECLARE THAT ALL Tare true and correct to the best of my information of the second			IN THIS Application				
my fu	I also declare that I will abide by the reall cooperation in its smooth conduct, and w			ogramme, would offer				
any f	I understand that if I am found guilty of rogramme, I could be refused any further putture KIP and that I would not be elignational airfare from my country of residentational airfare would also not be made to make the state of	articipation in the gible for reimbunce to India. Th	ne said program arsement of the ne said reimburs	me or participation in e 90% of the return sement of 90% of the				
Date:				ature of the applicant) Name of the Applicant				
Date.				A nnovano D				
COL				Annexure-D				
CON	IMENTS OF THE CONCERNED IN	DIAN MISSI	ON/POST					
Name	of Indian Mission/Post:							
Reco	mmendations of the Head of Mission/Post							
		Signature of F	HOM/HOP					
		Name of the H	HOM/HOP					

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