



Residence																				
Mobile/Cell																				
<b>Whatsapp No.</b>																				
Fax No.																				

Email: \_\_\_\_\_

(ix) Complete mailing address with ZIP Code:

\_\_\_\_\_

\_\_\_\_\_

(x) Permanent home address with ZIP Code: \_\_\_\_\_ -

(xi) Your or your parents place of origin in India : \_\_\_\_\_

**B. Proof of Indian Origin**

Hold PIO/OCI Card/NRI Certificate - Yes/No

PIO Card No: \_\_\_\_\_ Date of Issue \_\_\_\_\_ Place of issue \_\_\_\_\_

OCI Card No: \_\_\_\_\_ Date of issue \_\_\_\_\_ Place of issue \_\_\_\_\_

NRI Certificate No: \_\_\_\_\_ Date of issue \_\_\_\_\_ Place of issue \_\_\_\_\_

Please write details of PIO or OCI Card of your Mother/Father/Grandfather \_\_\_\_\_

Name of PIO/OCI Card holder \_\_\_\_\_

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

(i) Name, address (if available) and your relationship with your nearest relative who migrated from India:

(a) Complete Name 

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(b) Last Known address of your relative 

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(c) Your relationship with him/her 

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(d) Mobile number of your relative with city code 

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**D. EDUCATION**

		Graduate	Undergraduate	Class 12
(i)	Name/Location School/College/University from where you graduated or are studying.			
(ii)	Subjects of study			
(iii)	Language of instruction in school/college/university			

(iv)	Describe your English language skills			
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**E. Occupation/Employment:**

S. No.	Organization/Company (Complete Name and Location address)	Position	Period	
			From	To

**F. Any achievements professional/educational or other that you want to share with us:**

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**G. Your interests/hobbies**

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**H. International Medical and Travel Insurance Policy**

Policy No. –

Name of the insurance company –

Valid from (Date) –

Valid until –

**Annexure-A**

**I. 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, places visited and purpose: | Yes / No |
| 3. Has any sibling/ relative of yours attended KIP before   | Yes / No |
| 4. Please describe, in not more than 250 words, why do you want to take part in the Know India Programme?   |          |

**Annexure-B**

**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 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. The said reimbursement of 90% of the international airfare would also not be made to me if I leave the Programme mid-way.

(Signature of the applicant)

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: \_\_\_\_\_

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

