





**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:**

---

---

---

---

---

---

---

**G. Your interests/hobbies \_\_\_\_\_**

---

---

---

---

---

**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?

**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:

---

---

---

---

---

---

---

---

---

---

---

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: \_\_\_\_\_

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

