



**MINISTRY OF EXTERNAL AFFAIRS  
GOVERNMENT OF INDIA**



# **KNOW INDIA PROGRAMME (KIP)**



**APPLICATIONS INVITED**

**from Indian Diaspora Youth Members  
for**

**77th Edition of the  
KNOW INDIA PROGRAMME**

**Dates: 15 September - 4 October 2024**

**To apply, kindly contact the Indian  
Embassy/Consulate in your Jurisdiction**

**Last Date to Apply : 20 August 2024**



**Diaspora India Connect**



**diaspora\_india**



**knowindiaprogramme\_mea**



**GOVERNMENT OF INDIA  
MINISTRY OF EXTERNAL AFFAIRS  
NEW DELHI**

**APPLICATION FORM FOR KNOW INDIA PROGRAMME (KIP)**

KIP edition No.

Attach Recent  
Passport size photo

**A. PERSONAL DETAILS**

(i) Complete Name (as in Passport in **BLOCK** letters)

	Last Name	First Name	Middle Name																
(ii) Gender :	Male/Female																		
(iii) Date of Birth:	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>			D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y												
(iv) Place of Birth	<table border="1" style="margin: 0 auto; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		
(v) Nationality	<table border="1" style="margin: 0 auto; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		
(vi) Place of Residence	<table border="1" style="margin: 0 auto; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		
(vii) Passport Number	<table border="1" style="margin: 0 auto; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		
Place of issue: (City)	<table border="1" style="margin: 0 auto; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		
(Country)	<table border="1" style="margin: 0 auto; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		
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(viii) Telephone Number: (with country and city code)																			
Work	<table border="1" style="margin: 0 auto; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		
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Email:	<hr style="border: none; border-top: 1px solid black; width: 100%;"/>																		

(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 - Yes/No

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

OCI Card 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

(b) Last Known address of your relative

(c) Your relationship with him/her

(d) Mobile number of your relative with city code

**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		

**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?

**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:  
\_\_\_\_\_

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: \_\_\_\_\_



