

(x) Complete mailing address with PIN/ZIP Code

(xi) Permanent home address with PIN/ZIP Code

(xii) Name, address (if available) and your relationship with your ancestor who migrated from India:

(a) Name _____

(b) Last known address _____

(c) Your relationship with him/her _____

(d) The year when he/she migrated from India, if known _____

(xiii) Particulars in respect of your closest relative in India:

(a) Name _____

(b) Present address _____

(c) Your relationship with him/her _____

(d) Contact telephone numbers with city code _____

EDUCATIONAL AND PROFESSIONAL PARTICULARS

1. Educational qualification:

(i) Graduate / Undergraduate _____

(ii) State the name and address of the College/University from where you completed graduation or under graduation or is doing or have joined for graduation _____

(iii) Subjects of study _____

(iv) Medium of instruction _____

2. Qualification in English language: _____

3. Details of Occupation/employment:

Name of Organization/Office/Firm _____

Postal Address _____

Position held _____

Period / Duration _____

From _____ To _____

4. Contact particulars of the present employer:

Telephone number (with country and city code):

Work _____

Mobile/Cell _____

Fax Number _____

E-mail Address _____

5. Personal Achievements, If any _____

OTHER DETAILS

- 1. Details of Community Activities, if undertaken: _____
- 2. Are you a member of any Overseas Indian Association/Organization? If yes, give its name And address: _____
- 3. How did you come to know about the KIP? (Through an Indian Diplomatic Mission/Post, Media advertisement, a previous participant or others- to be specified)

4. Have you participated in a previous Know India Programme? If yes, provide details. Yes / No

5. Have you visited India earlier? if yes, please provide details of your last two visits including the month and year of the visit, places visited and the purpose for your visit.

6. Has any sibling / relative of yours attended KIP before Yes/No

7. Please state, in not more than 250 words, why do you wish to take part in the Know India Programme and what do they expect to gain?

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 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)

Name of the applicant: _____
Date: _____

ENDORSEMENT OF THE CONCERNED INDIAN MISSION/POST

Name of Indian Mission/Post: _____

Recommendations of the Head of Mission/Post: _____

Signature of HOM/HOP: _____

Name of the HOM/HOP: _____

Office Seal Date:

MEDICAL FITNESS REPORT

(To be certified by a doctor / hospital on the panel of the Indian Mission, UN Mission, if any or as designated by Indian Mission)

S.No.	Particulars	Details
1.	Name of Applicant:	
2.	Age:	
3.	Sex: (Male / Female)	
4.	Height (cm):	
5.	Weight (kg):	
6.	Blood Group:	
7.	Blood Pressure:	

1.	Is the person examined in good health at present?	
2.	Is the person examined physically and mentally able to carry out intensive training away from home?	
3.	Is the person free of infectious diseases (HIV / AIDS, Tuberculosis, Trachoma, Skin Diseases etc), Yellow Fever certificate (in case of people coming from that region or as laid out in WHO Regulations):	
4.	Does the person examined has any medical condition or defect which might require treatment during the course?	
5.	List of any observed abnormalities indicated in the chest X ray:	
6.	Pregnancy Test (for women):	

I certify that the applicant is medically fit to undertake a training course in India.

Name of Doctor / General Physician: _____

Registration No.: _____

Address of Clinic / Hospital: _____

and City / Town: _____

Telephone: _____ Mobile: _____

Email: _____ Date (dd/mm/yyyy): _____

Signature of Doctor / General Physician: _____

Seal of Clinic / Hospital: _____