

Details of Ancestors/Relative(s) in India and Educational & Professional particulars

(i) 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

(ii) 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

(iii) EDUCATIONAL AND PROFESSIONAL PARTICULARS

1. Educational Qualification

- (i) Graduate / Undergraduate
- (ii) Name and address of the College/University from where you completed graduation or under graduation or are doing graduation.
- (iii) Subjects of study
- (iv) Medium of instruction

2. Qualification in English language

3. Details of Occupation/Employment:

S.No.	Organization/Office/Firm (Name and address)	Position held	Period	
			From	To

4. Contact particulars of the present employer:

Telephone number (With country and city code) Work

Fax No. Mobile/Cell:

E-mail Address

5. Personal Achievements: _____

MEDICAL 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)

(i) Name of Applicant:	
(ii) Age:	
(iii) Sex: (Male / Female)	
(iv) Height (cm):	
(v) Weight (kg):	
(vi) Blood Group:	
(vii) Blood Pressure:	
(viii) Blood Sugar:	(Pre-prandial) (Peak post- prandial)

1. Is the person examined in good health at present?	
2. Is the person examined physically and mentally fit to carry out intensive training away from home?	
3. Is the person free of infectious diseases (tuberculosis, trachoma, skin diseases etc.)?	
4. Has the person taken Yellow Fever inoculation (in case of people coming from Yellow Fever region or as laid out in WHO Regulations)? Yellow Fever Certificate is mandatory.	
5. Does the person examined have any chronic ailment which may require regular treatment/ medication during the course?	
6. List of any observed abnormalities indicated in the chest X ray.	
7. Does the person require any special assistance to carry out his daily activities? If yes, please specify.	

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

Name of Doctor/Physician: _____

Registration No.: _____

Address of Clinic / Hospital: _____

City / Town : _____

Telephone : _____

E mail: _____

Date: _____

Signature of Doctor/Physician: _____ Seal of Clinic/Hospital: _____

Check-list for Know India Programme (KIP) application form

Enclose the following documents with the KIP application:

- 1) Recent passport size photograph of the applicant should be pasted in the box provided on the application form. (Inkjet / Laser printout on normal paper should not be used for the photo).
- 2) Proof of completion of Bachelor degree. If the applicant is yet to complete the Bachelor degree, then proof of pursuing Bachelor degree should be enclosed.
- 3) Photocopy of latest Malaysian passport. If the applicant does not have a passport yet, the photocopy of their Malaysian Identity Card (IC) should be enclosed.