

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: _____

