

MINISTRY OF OVERSEAS INDIAN AFFAIRS  
Government of India  
New Delhi

APPLICATION FORM FOR STUDY INDIA PROGRAMME (SIP)

[Tentative schedule for the 3<sup>rd</sup> SIP is 22<sup>nd</sup> December – 14<sup>th</sup> January, 2015]

Attach

Recent Passport  
Size photograph

PERSONAL PARTICULARS

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

\_\_\_\_\_  
(Surname) (First Name) (Middle  
Name)

(ii) Gender Male/Female

(iii) Date of birth ( dd/mm/yyyy) (iv) Place of birth \_\_\_\_\_  
(City) (Country)

(v) Nationality \_\_\_\_\_ (vi) Domicile \_\_\_\_\_  
(Country where you live in permanently)

(vii) Marital status \_\_\_\_\_

(viii) Passport Particulars

No. \_\_\_\_\_

Place of issue \_\_\_\_\_  
(City) (Country)

Date of issue \_\_\_\_\_  
(dd/mm/yyyy)

Date of Expiry \_\_\_\_\_  
(dd/mm/yyyy)

- (ix) Telephone number: Work -----  
 (With country and city code) Residence-----  
 Mobile/Cell-----  
 Fax Number -----  
 (With country and city code)  
 E-mail Address -----
- (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 are doing or have joined for under graduation/graduation.
- (iii) Subjects of study
- (iv) Medium of instruction

2. Qualification in English language

3. Details of Occupation/employment:

S.N.	Organization/Office/Firm (Name and address)	Position held	Period	
			From	To

4. Contact particulars of the present employer:

Telephone number: Work -----

(With country and city code) Mobile/Cell -----

Fax Number -----

(With country and city code)  
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 SIP?

(Through an Indian Diplomatic Mission/Post,  
Media advertisement, or others- to be specified)

4. Have you participated in a previous Know India Programme( KIP) or Internship Programme for Diaspora Youth (IPDY)/ SIP . If yes, provide details.
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 Yes/No
6. Has any sibling / relative of yours attended KIP/IPDY/SIP before  
Yes/No
7. Please state (in 250 to 300 words) why you wish to take part in the Study India Programme and what you expect to gain?

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**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 Study 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 SIP or participation in any future SIP 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