

# Franchise Application Form



## Part – 1 BASIC PERSONAL INFORMATION

Name of Applicant \_\_\_\_\_  
 CNIC      -      -   Mobile 1 \_\_\_\_\_ Mobile 2 \_\_\_\_\_  
 Landline \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_

## Part – 2 EDUCATION

2.1	Last Degree	Institute	Year
2.2	Professional Degree (If any)		

## Part – 3 EXPERIENCE

Job  Business  Retired

3.1	If Employed, job experience	Less than 3 years <input type="checkbox"/>	Less Than 7 years <input type="checkbox"/>	More than 10 years <input type="checkbox"/>
3.2	If already in Business	Sole-Proprietorship <input type="checkbox"/>	Franchise/Dealership <input type="checkbox"/>	Public/Pvt.Ltd <input type="checkbox"/> Partnership <input type="checkbox"/>
3.3	Nature of Business	Retail <input type="checkbox"/>	Wholesale <input type="checkbox"/>	Service Industry <input type="checkbox"/> Consultancy <input type="checkbox"/>
3.4	If served Education Dept:	Less than 3 years <input type="checkbox"/>	Less than 7 years <input type="checkbox"/>	More than 10 years <input type="checkbox"/>

## Part – 4 FOR NEW CAMPUS

4.1	You desire to: Establish	New School <input type="checkbox"/>	New College <input type="checkbox"/>
4.2	You intend to open:	Single Unit <input type="checkbox"/>	Multiple Units <input type="checkbox"/>
4.3	Would you run the campus?	Personally <input type="checkbox"/>	Partnership <input type="checkbox"/> Delegate <input type="checkbox"/>

## Part – 5 LEVEL OF INSTITUTE

5.1	Montessori <input type="checkbox"/>	PG, Nursery, Prep	Single Section <input type="checkbox"/>	Multiple Sections <input type="checkbox"/>
5.2	Primary <input type="checkbox"/>	PG, to V (8 Classes)	Single Section <input type="checkbox"/>	Multiple Sections <input type="checkbox"/>
5.3	Elementary <input type="checkbox"/>	PG to VIII (11 Classes)	Single Section <input type="checkbox"/>	Multiple Sections <input type="checkbox"/>
5.4	Secondary <input type="checkbox"/>	PG to X (13 Classes)	Single Section <input type="checkbox"/>	Multiple Sections <input type="checkbox"/>
5.5	Higher Secondary <input type="checkbox"/>	PG to XII(15 Classes)	Single Section <input type="checkbox"/>	Multiple Sections <input type="checkbox"/>
5.6	College <input type="checkbox"/>	FA/ Fsc, Graduate Programs	Single Section <input type="checkbox"/>	Multiple Sections <input type="checkbox"/>

**Part – 6****PROPOSED LOCATION FOR NEW INSTITUTE**

City	Area/Location within City
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Preference – I \_\_\_\_\_

Preference – I \_\_\_\_\_

Preference – II \_\_\_\_\_

Preference – II \_\_\_\_\_

Preference – III \_\_\_\_\_

Preference – III \_\_\_\_\_

**Part – 7****PROPERTY FOR THE INSTITUTE**

<b>7.1</b>	Status of Proposed Property	Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	To be arranged <input type="checkbox"/>
<b>7.2</b>	Type of Property	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	
<b>7.3</b>	Total Plot Area of Property _____ Kanal	Total Covered Area in case of Building:		
<b>7.4</b>	<b>Facilities / Utilities available in the Proposed Area / Location</b>			
	Electricity <input type="checkbox"/>	Parking <input type="checkbox"/>		
	Telephone <input type="checkbox"/>	Sewerage System <input type="checkbox"/>		
	internet <input type="checkbox"/>	Road Access: Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Part – 8****INSTITUTE(S) IN NEIGHBORHOOD**

<b>8.1</b>	<b>Tarbiyah Scool in this locality, within about 5 km radius?</b>	
	<b>TaribyahSchool</b>	<b>Distance (Approx)</b>
	<b>i.</b>	
	<b>ii.</b>	
	<b>iii.</b>	
<b>8.2</b>	<b>Other Schools/Colleges in this locality, within about 2 km radius?</b>	
	<b>iv.</b>	<b>Fee (If known)</b>
	<b>v.</b>	
	<b>vi.</b>	

**Part – 9****CONVERSION OF EXISTING INSTITUTE(S)**

9.1	Name of the School					
9.2	City / Location					
9.3	Level of Institute	Pre School <input type="checkbox"/>	Primary <input type="checkbox"/>	Middle <input type="checkbox"/>	High <input type="checkbox"/>	Other <input type="checkbox"/>
9.4	Medium of Instruction	English <input type="checkbox"/>	Urdu <input type="checkbox"/>			
9.5	Type of Campus	Co-Education <input type="checkbox"/>	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	Partial Co-Education <input type="checkbox"/>	
9.6	Total No of Students		9.7	Monthly Tuition Fee		
9.8	Admission Fee		9.9	Annual Charges/ Security		

**Part – 10****FINANCIAL COMMITMENT**

Your financial involvement depends on the number and type of institution that you have chosen.

10.1	Please indicate your planned investment (approx.)	Rs.				
10.2	How do you plan to finance the Franchise project?	Personally <input type="checkbox"/>	Partnership <input type="checkbox"/>	Bank Loan <input type="checkbox"/>		

**Part – 11****YOU'RE AVAILABILITY FOR INSPECTION**

	Date	Time
11.1		
12.2		

Please return this Franchise Application Form to:

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only:-**

**INITIAL COMMENTS BY AUTHORITY** \_\_\_\_\_

NAME	DESIGNATION	SIGNATURE	DATE

**RECOMMENDATION BY INSPECTION COMMITTEE**


Name & Signature

Name & Signature

Name & Signature