



FRANCHISE APPLICATION FORM

FRANCHISE APPLICATION DETAILS

Application #		Submission Date	
Draft #	Date	Amount	
Franchise Applied For			

ORGANIZATIONAL DETAILS

Organization Name		Functioning Since	
Address			City
Phone	Fax	Email	
Website			
Type	Other	Details	
Nature of Business		Details	

OWNER / CHIEF EXECUTIVE DETAILS

Name		CNIC	
Address			
Phone	Fax	Cell	Email
Qualification		Professional Experience (In Years)	
<i>Note: Attach the Resume of Owner/CEO alongwith the copies of Academic & Experience Documents, CNIC and 2x Pictures</i>			

PRINCIPAL / CONTACT PERSON DETAILS

Name		CNIC	
Address			
Phone	Fax	Cell	Email
Qualification		Professional Experience (In Years)	
<i>Note: Attach the Resume of Contact Person alongwith the copies of Academic & Experience Documents, CNIC and 2x Pictures</i>			

CURRENT EDUCATION ACTIVITY DETAILS

(for Institutes only)

Type of Institute	<input type="radio"/> School <input type="radio"/> College <input type="radio"/> Institute <input type="radio"/> Language Center <input type="radio"/> IT Center <input type="radio"/> University		
Working Shift(s)	No. of Students	Average Monthly Fee	
Affiliation(s)			
<i>Note: Attach Pictures of Classes in Progress.</i>			



BUILDING DETAILS						
Status of the Proposed Building <input type="radio"/> Owned <input type="radio"/> Rented <input type="radio"/> Leased <input type="radio"/> To be Arranged						
Type of Building <input type="radio"/> Commercial <input type="radio"/> Residential						
Address						
Area	(sq/ft)	Covered Area	(sq/ft)	Approach		
Rooms	PC Labs	Wash Rooms	Reception	Café/Sitting Area		
Servers	WiFi	Printer	Computer	Networking		
Electricity	Sui Gas	Telephone	Internet	Mb	Parking	
Sewerage	First Aid	Road Access	UPS	KVA	Generator	KVA
<i>Note: Attach the Copy of the Building Plan reflecting the size and proposed purpose of the room(s)/area(s) Attach the list of Computers and Peripheral equipment alongwith their specifications</i>						

OTHER INSTITUTES FUNCTIONING WITHIN 1 KM RADIUS			
S.#	Institute Name & Location	Phone / Cell #	Approx. Distance from Proposed Building
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			



STAFF DETAILS (TEACHING / NON-TEACHING)

S.#	Name	Designation	Degree	Awarding Body	Experience	Salary
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						



FINANCIAL DETAILS		
Proposed Investment	Source of Investment	<input type="radio"/> Self <input type="radio"/> Partnership <input type="radio"/> Loan
Working Capital	Running Capital	
<i>Note: Attach the copy of NTN Certificate and last Audit Report (if available)</i>		

ANY RELEVANT INFORMATION THAT CAN SUPPORT THE APPLICATION

We hereby acknowledge that the information provided in this document, is correct to our best knowledge and based on the true picture and we know that any miss-communication will lead to decline of this application.

Principal / Contact Person

Owner / Chief Executive

CNIC:

CNIC:

FOR OFFICE USE ONLY		
Visit Date	Visited By	Status
Personnel Suitability	Proposal Suitability	
Financial Strength	Business Strength	
Remarks		
EVALUATOR 1	EVALUATOR 2	EVALUATOR 3

DECISION BY PROJECT DIRECTOR		
Decision	Remarks (if any)	
Name	Signature _____	Date

