



Applicants Picture

## FRANCHISE APPLICATION FORM

Part - 1	Basic Personal Information			
Name of Applicant				
PTCL No.				
E-mail CNIC No				
Address				
Qualification	Institution	Year of Passing		
Part - 2	Possibility of Conversion of Existing Institute(s)			
Are you currently opera	tion any educational institute? Yes No			
Name of Institute				
City /Location				
Level of Institute	Pre-School Primary Middle H	igh College		
Medium of Institute	English Urdu			
Type of Campus	Boys Girls Partial Co-Educat	tion		
Would you like to conve	ert your existing institute?	o Wait		

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Part - 3 New	Opening of Campus		
You desire to: You intended to open:	Establish Nev	w College  Multiple Units	
Would you run the Campus?	Personally	Partnership Delegate	
Part - 4 Prop	osed location for New	institute opening	
City		Area / Location within city	
Preference -l		Preference -I	
Preference -II		Preference -II	
Preference -III		Preference -III	
Part - 5 Prop	erty for the institute		
Status of Proposed property	Owned	Rented To be arranged	
Type of Property	Residential	Commercial	
Total Plot / Area of Property		Kanal Covered Area	
Facilities / Utilities available in Pr	oposed Area / Location	n	
Open Space Parking	Road Ac	ccess	
Telephone Internet	Yes	No	
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## Institute's in Neighborhood

Name of Schools	Colleges	Fee (if kown)
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Part-7 Financi	ial Commitment	
<b>General</b> then you like to start the institution		Month
nything you want to mention:		
Please return this Franchise Application form	1.to:	
Please return this Franchise Application form <b>Project Director</b>		Signature:
		Signature: