

FRANCHISE APPLICATION FORM

FRANCHISE APPLICATION DETAIL		
Application #		
Draft #	Date	Amount
Franchise Applied For		

ORGANIZATION DETAIL		
Organization Name		Functioning Since
Address		City
Phone	Fax	Email
Website		
Type	Other	Detail
Nature of Business		

OWNER / CHIEF EXECUTIVE DETAILS			
Name		CNIC	
Address			
Phone	Fax	Cell	Email
Qualification	Professional Experience (In Years)		Year(s)
<i>Note: Attach the Resume of Owner/CEO along with the copies of Academic & Experience Documents, CNIC and 2x Pictures</i>			

CURRENT EDUCATION ACTIVITY DETAILS			(for Institutes only)
Type of Institute	<input checked="" 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 checked="" type="radio"/> Owned	<input type="radio"/> Rented	<input type="radio"/> Leased	<input type="radio"/> To be Arranged
Type of Building		<input checked="" type="radio"/> Commercial	<input type="radio"/> Residential		
Address					
Area		Covered Area		Approach	
Rooms	PC Labs	Wash Rooms	Reception	Café/Sitting Area	
Servers	Wi-Fi	Printer	Computer	Networking	
Electricity	Sui Gas	Telephone	Internet	Parking	
Sewerage	First Aid	Road Access	UPS	Generator	
<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 along with 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			



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						



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

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		
<div>EVALUATOR 1</div> <div>EVALUATOR 2</div> <div>EVALUATOR 3</div>		
<div>DECISION BY PROJECT DIRECTOR</div> <div>Decision</div> <div>Remarks (if any)</div> <div>Name</div> <div>Signature</div> <div>Date</div>		

