



Franchise Application Form

Application ID

Part-1 Basic Personal Information

- Name of Applicant (Please write in CAPITAL Letters)
- PTCL # Mobile #
- Fax # CNIC #
- Email

EDUCATION

Qualification	Institution	Year

Part-2 Experience: Job Business Retired

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

Part-3 References (if available)

Reference 1 Reference 2
 Contact No. Contact No.

Part-4 Desire to Open School

Levels	Pre-School <input type="checkbox"/>	Secondary <input type="checkbox"/>	Comprehensive <input type="checkbox"/>
	Any other <input type="checkbox"/>		

Part-5 Proposed Location for New Campus

City	Area/Location within City
Preference - I <input type="text"/>	<input type="text"/>
Preference - II <input type="text"/>	<input type="text"/>

Part-6 Property for the Campus (Preference - I)

Status of Proposed Property	Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	To be arranged <input type="checkbox"/>
Type of Property	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	
Total Area of Property <input type="text"/> Kanals	Total Covered Area <input type="text"/>		
Facilities / Utilities available in the Proposed Area / Location			
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"/>

Property for the Campus (Preference - II)

Status of Proposed Property	Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	To be arranged <input type="checkbox"/>
Type of Property	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	
Total Area of Property _____ Kanal	Total Covered Area		
Facilities / Utilities available in the Proposed Area / Location			
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-7 Campuses in Neighborhood

Locality (other schools & colleges)	Average Fee	No. of Students	Avg. Teacher Salary	Building Rental/Owned

Part-8 Financial Strength

Your financial Position depending upon the number and type of campuses

Please mention your proposed investment (approximate)	Rs.
How do you plan to finance this Franchise Project?	On Your Own <input type="checkbox"/> Partnership <input type="checkbox"/> Loan <input type="checkbox"/>

■ _____ Any other relevant information that can support your application

22-FF Central Plaza Barkat Market Lahore.
 Ph: 0423 58 44 045
 E-mail: info@alasar.org.pk

Signature of the Applicant
 Date: _____

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■ _____ Acceptance of the Personal Profile	Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>	Under Consideration <input type="checkbox"/>
■ _____ Suitability of Site	Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>	Under Consideration <input type="checkbox"/>
■ _____ Financial Strength	Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>	Under Consideration <input type="checkbox"/>
■ _____ Business Opportunity	Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>	Under Consideration <input type="checkbox"/>
■ _____ Any other			

Evaluator - I Name _____ Signature _____ Date _____	Evaluator - II Name _____ Signature _____ Date _____	Evaluator - III Name _____ Signature _____ Date _____
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APPROVAL BY PROJECT DIRECTOR Accepted Rejected Under Consideration

Remarks (if any) _____

Name _____ Signature _____ Date _____