

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**

7.1	Status of Proposed Property	Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	To be arranged <input type="checkbox"/>
7.2	Type of Property	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	
7.3	Total Plot Area of Property _____ Kanal	Total Covered Area in case of Building:		
7.4	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 – 8**INSTITUTE(S) IN NEIGHBORHOOD**

8.1	Hira Schools/Colleges in this locality, within about 5 km radius?	
	Hira School/College	Distance (Approx)
	i.	
	ii.	
	iii.	
8.2	Other Schools/Colleges in this locality, within about 2 km radius?	
	iv.	Fee (If known)
	v.	
	vi.	

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**YOUR 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