



Capital Schools & Colleges

آغا خان یونیورسٹی ایگزیکٹو بورڈ سے منظور شدہ

Franchise Application Form

To be Completed by Prospective Franchisee



Part -1

Basic Personal Information

(Please Write in CAPITAL Letters)

Name of Applicant

PTCL No

Fax No

Email

Education

Qualification	Institute	Year of Passing

Part -2

Experience: Job Business Retired

2.1	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"/>	
2.2	If already in Business	Sole-Proprietorship <input type="checkbox"/>	Franchise/Dealership <input type="checkbox"/>	Public/Pvt.Ltd <input type="checkbox"/>	Partnership <input type="checkbox"/>
2.3	Nature of Business	Retail <input type="checkbox"/>	Wholesale <input type="checkbox"/>	Service Industry <input type="checkbox"/>	Consultancy <input type="checkbox"/>
2.4	I Served 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

Conversion of Existing Institute(s)

3.1	Name of the School					
3.2	City / Location					
3.3	Level of Institute	Pre School <input type="checkbox"/>	Primary <input type="checkbox"/>	Middle <input type="checkbox"/>	High <input type="checkbox"/>	Other
3.4	Medium of Instruction	English <input type="checkbox"/>	Urdu <input type="checkbox"/>			
3.5	Type of Campus	Co-Education <input type="checkbox"/>	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	Partial Co-Education	
3.6	Total No of Students					
3.7	Monthly Tuition Fee					
3.8	Security		3.9	Annual Charges		
3.10	Any other charges:					



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Part - 4

New Opening of Campus

4.1	You desire to:	Establish New School <input type="checkbox"/>	Establish New College <input type="checkbox"/>
4.2	You intend to open:	Single Unit <input type="checkbox"/>	Multiple Units <input type="checkbox"/>
4.3	Would you run the campus?	Personally <input type="checkbox"/>	Partnership <input type="checkbox"/> Delegate <input type="checkbox"/>

Part - 5

Preference of Institute Type

5.1	Primary <input type="checkbox"/>	PG, Nursery, KG, I-V (8 Classes)	Single Section <input type="checkbox"/>	Multiple Sections <input type="checkbox"/>
5.2	Secondary <input type="checkbox"/>	VI, X (5 Classes)	Single Section <input type="checkbox"/>	Multiple Sections <input type="checkbox"/>
5.3	Comprehensive <input type="checkbox"/>	PG, Nursery, KG, I-X (13 Classes)	Single Section <input type="checkbox"/>	Multiple Sections <input type="checkbox"/>
5.4	College <input type="checkbox"/>	IX, X, XI, XII, XIII, XIV (6 Classes)	Single Section <input type="checkbox"/>	Multiple Sections <input type="checkbox"/>

Part - 6

Proposed Location for New Institute Opening

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"/>	Chimerical <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"/>	



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Part –8

Institute(s) in Neighborhood

8.1	Other Schools/Colleges in this locality, within about 2-3 km radius?	
	Name of School/College	Fee (if known)
	i.	
	ii.	
	iii.	
	iv.	
	v.	

Part –9

Financial Commitment

Your financial involvement depends on the number and type of institution that you have chosen.

9.1	Please indicate your planned investment (approx.)	Rs.
9.2	How do you plan to finance the Franchise project?	Personally <input type="checkbox"/> Partnership <input type="checkbox"/> Bank Loan <input type="checkbox"/>

Part –10

Your Availability

	Date	Time
10.1		
10.2		
10.3		

Please Return this Franchise Application Form to:
Project Director
Capital Schools & Colleges Systems
Lehtrar Road, Near Rawal Hospital, Islamabad
Tel : 051-2617374

Applicant's Signature _____

Date _____