



THE INTELLECTUALS SCHOOL

Franchisee Application Form

Photo Graph

Head Office: 705-B, St # 22, I-8/2 Islamabad.
Ph: 051-4863670 Fax: 051-4443292
E-mail: info@fi.edu.pk, web: http://www.fi.edu.pk

This Application is kept confidential. This Application must be completed in full and returned to THE INTELLECTUALS Head Office for further processing. Please write/ type/ print clearly and attach additional documents or schedules, if necessary, to provide full disclosure.

Personal Information

Full Name:	
Father/ Husband Name:	
Gender (M/F):	
Date of Birth:	
Nationality:	
CNIC No.:	
Marital Status (Single/ Married):	
Permanent Address:	
Postal Address:	
City:	
Residence Phone:	
Work Phone:	
Cell No.:	
Fax:	
E-Mail:	
Have you ever been convicted by court? If yes, please give details	

Academic Qualification (Include professional qualification after educational qualification)

S#	Certificate/ Degree	Year of Passing	Board/ University
1.			
2.			
3.			
4.			
5.			
6.			

Professional Experience

Total Experience: _____ Years

S#	Company/ Organization	Designation	Duration From (MM-YY To MM- YY)	Responsibilities

List all your SKILLS relevant to
"Educational Institution Management" :

(diploma/certificate/ in-service training)

Expression of Interest

• **Pre School**

• **Junior School**

• **Senior School**

City/ Location for which the franchise is requested:			
	School Name	Type & Level	Fee in PKR
Other schools in radius of 3 KM in the area:			

Reason for Selecting This Area: _____

Building Status	<input type="checkbox"/> Own	<input type="checkbox"/> Rented	<input type="checkbox"/> Leased
Building Dimensions (Covered Area in Sq Fts)			
No of Total Rooms			
No. of Rooms Available for Class Rooms			

Science Lab Dimensions (Covered Area in Sq Ft)	
Dimensions of Admin Offices (Covered Area in Sq Ft)	
Detail of available computing & teaching aids e.g. Computers, multimedia devices etc.	
Detail of Office Furniture	
Detail of Classes Furniture	
Name & Designations of the Administrative Staff (if already employed)	
Names and qualification of teaching staff (if already employed)	Name
	Qualification
	1.
	2.
	3.
	4.
	(Attach extra sheet if required)
If already a Franchisee or have already other schools then please provide the details.	Name of School
	City/ Location
	Date of Establishment
	No of Students
If you have already school(s), then do you like to convert it into our system as a franchise?	
Investment/ Financial Details	

Planned Investment (PKR):	
Financial Plan:	<input type="checkbox"/> Self Funding <input type="checkbox"/> Partnership <input type="checkbox"/> Bank Loan
In case of partnership, please give name of each partner:	S#
	Name
	Address
	Contact Number

AUTHORIZATION (required)

The undersigned certifies that the information furnished in this Franchise Application is true and correct. I agree to notify you immediately in writing of any change in the said facts. I also authorize THE INTELLECTUALS, to make whatever investigations and inquiries they may consider necessary to obtain all relevant information.

I will totally agree with all the present & future policies of THE INTELLECTUALS and agree to abide by them.

Dated: this _____ day of _____ 20_____

Signature: _____

Mode of Payment (of application fee): Cash Demand Draft Cheque

Attached Cheque /DD/PO Bearing No: _____

Dated _____ Bank Name & Branch _____

For Official Use Only

M&E Members Recommendations

S#	Name	Designation	Remarks (Recommended / Not Recommended)	Signature
1.				
2.				
3.				

Counter Signature

Approved/ Not Approved

Name: _____

Designation: _____