



**DIRECTION
SCHOOLS**
GUIDING TO THE STRAIGHT PATH

Franchise Application Form

General Instructions

- Please fill in the block letters.
- Please provide all required details.
- Do not keep any field vacant.
- If you want to provide additional information please attach extra sheet.
- Please return this form to customer service department.

Part 1 Personal Data

Name: _____

Father Name: _____

Gender: Male Female Date of Birth: _____

Mailing Address: _____

Street: _____ Area: _____ City: _____

Postal code: _____

Phone (Res): _____ Phone Office: _____

Fax: _____ Mobile no.: _____

Email: _____

Part 2 Educational Background

Bachelors	Masters	M.Phil	Others	Institute (Last Attended)

Part 3 Experience Work / Business

1	Total Experience _____ Years			
2	Company Name:	Designation	Business	Employed
a.			<input type="checkbox"/>	<input type="checkbox"/>
b.			<input type="checkbox"/>	<input type="checkbox"/>
c.			<input type="checkbox"/>	<input type="checkbox"/>
3	Experience in the field of Education _____ Years			
4	Are you currently operating any School? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	(If yes of Question no.4) Name of School:			
a.	Location / City: _____			
b.	Level of School <input type="checkbox"/> Nursery <input type="checkbox"/> Primary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> Other			
c.	Medium <input type="checkbox"/> English <input type="checkbox"/> Urdu			
d.	Type of School <input type="checkbox"/> Co-Education <input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Partial Co-Education			
e.	Fee Structure <input type="checkbox"/> Monthly Tution Fee (Avg.) <input type="checkbox"/> Security Deposit <input type="checkbox"/> Annual Charges <input type="checkbox"/> Any other Charges			
f.	No. of Students _____			

Part 4 Operations

6	You intend to	<input type="checkbox"/> Establish New School	<input type="checkbox"/> Convert existing School
7	You intend to run	<input type="checkbox"/> Single Unit	<input type="checkbox"/> Multiple Units If Multiple (How many)
8	Would you run the New School	<input type="checkbox"/> Personally	<input type="checkbox"/> Partnership <input type="checkbox"/> Delegate
9	Will any family member (s) work with you	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Proposal starting session	Year _____	Month _____

- Fill this part for one proposed New School Location.
- Use additional copies of this part for more New School locations

Part 5 Location of your School

Locality	City	Brief reason for selecting this location

Part 5b Property for the School

11	Status of Proposed Property	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> To be Arranged
12	Type of Property	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Amenity
13	Total Plot Area of property (Kanal, Sq. ft./Sq. yds)	Total Covered in case of Building:		
14	Facilities / Utilities available			
	a. <input type="checkbox"/> Electricity	e. <input type="checkbox"/> Sewerage System		
	b. <input type="checkbox"/> Telephone	f. <input type="checkbox"/> Road access		
	c. <input type="checkbox"/> Internet	g. <input type="checkbox"/> Open Area		
	d. <input type="checkbox"/> Parking	h. <input type="checkbox"/> Play Ground		

Part 5c Neighbourhood

15	Other Schools in this locality, with Play group & Nursery Classes, within about 2km radius				
	Name of School	Average Staff Salary	Building Rental	Average Fee	Building Area
1.					
2.					
3.					
4.					
5.					
6.					

Part 6 Your Financial Commitments

16	Please indicate your planned investment (approx.)	Rs.
	How do you plan to finance?	<input type="checkbox"/> Self <input type="checkbox"/> Partnership <input type="checkbox"/> Bank Loan

Part 7 Your Availability

Please advise your availability for discussion within the next 10 days in order of preference

	Date	Time
1.		
2.		
3.		
4.		
5.		

Part 8 Your Opinion & Remarks

References:

1. _____ 2. _____

Declaration:

I declare that the above details and information provided by me are true so the best of my knowledge and belief.

Signature _____

Date: _____

Please send your Application to:



DIRECTION SCHOOLS

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Evaluator:

Reviewed by:

Reviewed by:

Signature:

Signature:

Signature:

Date:

Date:

Date: