



میما انٹرنیشنل ایجوکیشنل نیٹ ورک
MEEMZA INTERNATIONAL
EDUCATIONAL NETWORK
A Project of MEEMZA GROUP®

Franchise Application Form

Application ID

میما انٹرنیشنل سکول



MEEMZA INTERNATIONAL
School®

www.meemzainternationalschools.com

1 Personal Information

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

EDUCATION

Last Qualification	Institution	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>
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"/>
Nature of Business	Retail <input type="checkbox"/>	Wholesale <input type="checkbox"/>	Service Industry <input type="checkbox"/> Consultancy <input type="checkbox"/>

3 School

Levels	Pre <input type="checkbox"/>	Primary <input type="checkbox"/>	Middle <input type="checkbox"/>	High <input type="checkbox"/>
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i School Conversion

School Name	<input type="text"/>	City	<input type="text"/>
School Area	<input type="text"/>	Student Strength	<input type="text"/>
		Fee Structure	<input type="text"/>
Levels	Pre <input type="checkbox"/>	Primary <input type="checkbox"/>	Middle <input type="checkbox"/> High <input type="checkbox"/>

4 Proposed Location for New Campus

City _____ Area/Location within City _____

5 Property for the Campus

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: _____ Kanals	Total Covered Area: _____ Kanals		
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: <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6

Financial Strength

tion y	Rs.
How would you 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

Signature of the Applicant _____

Date: _____

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References

Reference 1 _____ Reference 2 _____

Contact No. _____ Contact No. _____

8

For Office Use Only

- | | | | |
|--------------------------------------|-----------------------------------|-----------------------------------|--|
| ● 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 | Accepted <input type="checkbox"/> | Rejected <input type="checkbox"/> | Under Consideration <input type="checkbox"/> |

Evaluator - I	Evaluator - II	Evaluator - III
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____

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Approval by Director Schools Accepted Rejected Under Consideration

Remarks (if any) _____

Name: _____ Signature: _____ Date: _____



UAN:
 +92-3-111-222-603
 +92-311-6155052
 +92 (042) 35921440

info.meemzaschool@gmail.com

Head Office:
 Plaza No: 1026, Head Office, Housing
 Society, Block-F, Phase-1 State Life,
 Lahore.

www.meemzainternationalschools.com