

EDUCATIONAL PROJECTS OF LEADS GROUP



LAHORE LEADS UNIVERSITY



LEADS GROUP OF COLLEGES



LEADS SCHOOL SYSTEM

Franchise Application Form

• LEADS Group of Colleges

• LEADS School System

Application ID: _____

Personal Information

Name of Applicant		
PTCL #		
Fax#		
Email		

Education

Qualification	Institution	Year

Experience

☐ Job

☐ Business

☐ Retired

If Employed, Job experience	<input type="checkbox"/> Less than 3 years	<input type="checkbox"/> Less than 7 years	<input type="checkbox"/> More than 10 years
If already in Business	<input type="checkbox"/> Sole-Proprietors	<input type="checkbox"/> Franchise/Dealership	<input type="checkbox"/> Public/Pvt.Ltd Partnership
Nature of Business	<input type="checkbox"/> Retail	<input type="checkbox"/> Whole Seller	<input type="checkbox"/> Service Industry <input type="checkbox"/> Consultancy
If served in Education Deptt.	<input type="checkbox"/> Less than 3 years	<input type="checkbox"/> Less than 7 years	<input type="checkbox"/> More than 10 years

References (If available)

Reference 1		Reference 2	
Contact No		Contact No	

Franchise for

☐ Leads School
 ☐ Leads College
 ☐ Any Other

Proposed Location for New Campus

	City	Area/Location within City
Preferences -1		
Preferences -2		

Property for the Campus (Prefrence-1)

Status of Proposed
☐ Owned
 ☐ Rented
 ☐ To be Arranged

Type of property
☐ Residential
 ☐ Commercial

Total Area of Property in Kanals		Total Covered Area	
Facilities/Utilities available in proposed area /Location			
<div><div><input type="checkbox"/> Electricity</div><div><input type="checkbox"/> Telephone</div><div><input type="checkbox"/> Internet</div></div> <div><div><input type="checkbox"/> Parking</div><div><input type="checkbox"/> Sewerage System</div><div><input type="checkbox"/> Road Access:</div></div>			

Campuses in Neighborhood

Name of Institution & Location	Average Fee	No. of Students	Avg. Teacher Salary	Building Rental

Financial Strength

Your Financial position Depending upon the number and type of Campuses

Please mention your proposed investment (approx.) in Rs. _____

How do you plane to finance this franchise project? ☐ On your own ☐ Partnership ☐ Loan

Any other relevant information that can support your Application

Corporate office

5-Tipu Block, New Garden Town,
Near Kalma Chowk, Lahore.
Ph: 042-35843205-7

Signature of the Applicant

Date: _____

For Office Use Only

Acceptance of the Personnel Profile

Accepted ☐ Rejected ☐ Under Consideration ☐

Suitability of suit

Accepted ☐ Rejected ☐ Under Consideration ☐

Financial Strength

Accepted ☐ Rejected ☐ Under Consideration ☐

Business Strength

Accepted ☐ Rejected ☐ Under Consideration ☐

Evaluator-1

Name: _____

Signature: _____

Date: _____

Evaluator-2

Name: _____

Signature: _____

Date: _____

Evaluator-3

Name: _____

Signature: _____

Date: _____

Approval by Project Director



Accepted



Rejected



Under Consideration

Remarks (If any) _____

Name _____

Signature _____

Date _____

Project of Lahore LEADS UNIVERSITY



**LAHORE
LEADS UNIVERSITY**



**LEADS
GROUP OF COLLEGES**



**LEADS
SCHOOL SYSTEM**