



## EXPRESSION OF INTEREST (Application Form for Franchise)

Date: \_\_\_\_\_

### Applied for College

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> General (Inter & University Courses)<br>(4 Kanal) | <input type="checkbox"/> Law<br>(4 Kanal)                     | <input type="checkbox"/> Coaching Center<br>(2 Kanal)       |
| <input type="checkbox"/> Health Sciences<br>(4 Kanal)                      | <input type="checkbox"/> Paramedical Sciences<br>(2 Kanal)    | <input type="checkbox"/> International Studies<br>(4 Kanal) |
| <input type="checkbox"/> Nursing (Diploma Program)<br>(2 Kanal)            | <input type="checkbox"/> Nursing (BSN / Post RN)<br>(4 Kanal) | <input type="checkbox"/> Technology<br>(2 Kanal)            |
| <input type="checkbox"/> Pharmacy (Pharm-D)<br>(8 Kanal)                   | <input type="checkbox"/> Pharmacy (Cat- B)<br>(2 Kanal)       |   |

**Status**  New  Conversion

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Profession:** \_\_\_\_\_ **CNIC:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **PTCL:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Proposed Location to Establish College

**Preferred Location**

**Alternative Location**

_____	_____
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### Property for the Location

**Area available** (in Kanal)

Owned  Rented

### Reference Source:

Personal Reference	Print Media	Electronic Media	Social Media

**Signature of Applicant:** \_\_\_\_\_

### For Office Use Only:

\_\_\_\_\_

\_\_\_\_\_

**MoU:** Yes No

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