



PUNJAB EDUCATION FOUNDATION
87 B-I, Gulberg-III, Lahore. Phone: 042-99268114-7 Fax: 042-9968105,
E-mail: pef@pef.edu.pk
FAS APPLICATION FORM (PHASE-10)



Application No. (Office use only) _____

Date: _____

01. Name of School: _____
(Please mention school name as per school registration certificate. In case of unregistered school, the applicant will have to provide school registration certificate in above mentioned name)

02. Address of School: _____
_____ Tehsil: _____ District: _____ UC: _____

Ownership

03. Type of Ownership: Single Partnership NGO Trust

04. Name of Owner/ Partner:

I. Name Mr/Ms. _____ Father's Name: _____

CNIC # _____ Qualification: _____

Mobile No. (Mandatory) _____ E-mail: _____

II. Name Mr/Ms. _____ Father's Name: _____

CNIC # _____ Qualification: _____

Mobile No. (Mandatory) _____ E-mail: _____

III. Name Mr/Ms. _____ Father's Name: _____

CNIC # _____ Qualification: _____

Mobile No. (Mandatory) _____ E-mail: _____

05. **Status of Govt. Servant of Owner/ Partner**

I. Name _____ Department: _____

Position _____ BPS: _____

Place of posting _____ Date of joining: _____

II. Name _____ Department: _____

Position _____ BPS: _____

Place of posting _____ Date of joining: _____

06. **Next of Kin (Name):** _____ **Relation:** _____

Next of Kin's CNIC:

						-															-	
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07. **Name of Principal:** _____ **Father's Name:** _____

Principal's CNIC:

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Qualification: _____ Mobile No: _____

08. **Date of Establishment of School:** _____ **No. of Campus:** _____

09. **School Registration:** Yes No If Yes, Since: _____ EDO: _____

Expiry Date: _____ If applied (attach copy), Fee submission date: _____

10. **Type of School** (as per registration): Boys Girls Co-Education

11. **Level of School** (as per registration): Primary Middle Secondary

12. **Affiliation:** Yes No If Yes, Since: _____ With (BISE Name): _____ Expiry Date: _____

13. **Type of School** (as per existing classes): Boys Girls Co-Education

14. **Level of School** (as per existing classes): Primary Middle Secondary

15. **Location:** Urban Rural Slum

16. **Building:** Owned Rented Monthly Rent: _____ Area of School (in Marlas): _____

i) **If Owned;** Proof Attached: Yes No ii) **If Rented;** Status of Rent Deed: Registered Unregistered

17. **Laboratories:** Physics Chemistry Biology Computer
(Check all that apply)

18. **Library:** Yes No

19. **Class Wise Breakup:**

Class	Nursery	Prep	1	2	3	4	5	Total Primary	6	7	8	Total Middle	9	10	Total 9&10	Grand Total
No. of Sections																
Boys																
Girls																
Total																
Fee (Per Student)																
Medium of Instruction																

20. **Subject wise Detail:**

Optional Subjects	Science Group (Physics, Chemistry and Optional)				Arts	Total
	Biology	Electricity	Computer	Electrical Wiring		
9th Class (Enrollment)						
10th Class (Enrollment)						
Total						

21. **Infrastructure Detail:**

Total No. of Rooms	No. of Class Rooms	No. of Admin/Staff Rooms	No. of Black/White Boards	No. of Toilets/Washrooms	Drinking Water Facility Available	Furniture (No. of Seats)

22. Teaching Staff Detail:

Sr.#	Name of Teacher	Teacher's CNIC	Qualification	Appointment Date	Current Salary	Contact Number	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

- Use additional pages if more space is needed.

23. Administration Staff Detail:

Sr.#	Name of Staff	Designation	CNIC	Qualification	Appointment Date	Current Salary	Contact Number	Signature
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Staff Summary			
	Male	Female	Total
Teaching			
Non- Teaching			
Total			

24. If school owner/any partner in litigation with PEF: Yes No

If yes, case Ref. No. _____ Court Name: _____ Date: _____

Detail/Remarks: _____

(attach photocopy of the case / detail with this application)

25. Please provide detail of your relatives who are already PEF Partners:

Sr.#	Relation	Name	Father's Name	CNIC	School Name	School Code	District	Program

26. Application Fee Details:

Bank of Punjab Branch Code	Deposit Slip No.	Deposit Date

بینک چلان فارم کی اصل کاپی یہاں چسپاں کریں

رہسید پر سکول کا نام، درخواست دہندہ کا نام اور ضلع لازمی لکھیں۔

Declaration

I/We hereby declare that, I/we am/are sole owner of above mentioned school and not working in Government/Semi Government /Autonomous body/Department in any capacity. Further, the information provided above is accurate to the best of my/our knowledge and I/we fully understand that my/our false statement or material omission/suppression of any fact shall reject my/our application and shall render me/us liable to disciplinary/legal action, at any stage.

Name: _____ Signature: _____ Date: _____

Important Note:

- Only school owner/Partner is eligible to submit this application form.
- No column of the application form should be left blank.
- The Performa of student details shall be filed in and attached with application.
- Applications will not be processed, if found incomplete in any respect.
- Late application(s), received after dead line will not be considered.

Check List:

Attested copy of CNIC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attested copy of School Registration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attested copy of Educational Certificates of School Owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Performa duly filled in	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Declaration on Stamp Paper worth Rs. 50/-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attested copy of proof of Land	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School Establishment Certificate issued by UC/TMA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attested copy of Rend Deed	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Attested copy of Partnership Deed	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Attested copy of Form "C"	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Detail of Court Cases (If any)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

Name of School Owner: _____ Signature _____

Designation: _____ Stamp of School: _____

Mobile No: _____ E-Mail Address: _____