

NSP Phase VII Application Form 2015-16

(for individuals)

Site No:	Phase:	Long: _____ Lat _____	Date:
School Name			
Basti/Village/chak:	Moza	UC No:	UC Name:
Tehsil	District:	Location: Urban <input type="checkbox"/> Rural <input type="checkbox"/> Slum <input type="checkbox"/>	
School Owner and Principal information			
Owner Name:	Contact No:	CNIC:	<input type="text"/>
Gender:	Age:	Qualification:	Resident of Tehsil:
Principal Name:	Contact No:	CNIC:	<input type="text"/>
Gender:	Age:	Qualification:	Resident of Tehsil:
Total No. of Out of school children identified:		No. of Teachers	No. of Non Teaching Staff
Proposed Date of Establishment of School:			
School Level: as per Registration:	Primary <input type="checkbox"/>	Elementary <input type="checkbox"/>	Secondary <input type="checkbox"/> H. Secondary <input type="checkbox"/>
Gender Proposed:	Boys <input type="checkbox"/> Girls <input type="checkbox"/> Both <input type="checkbox"/>	Medium:	English <input type="checkbox"/> Urdu <input type="checkbox"/> Both <input type="checkbox"/>
Total Area:	Covered Area	Building Status:	Owned <input type="checkbox"/> Rented <input type="checkbox"/>
Building Status:	Rented <input type="checkbox"/> Owned <input type="checkbox"/> Family Owned <input type="checkbox"/> Donated <input type="checkbox"/> Sham Lat <input type="checkbox"/>		
Construction Type:	Bricks: <input type="checkbox"/> Cemented <input type="checkbox"/> Mud <input type="checkbox"/> Any Other Specify:		
Total Rooms	No. of Classrooms	Admin/Staff Rooms	
Labs: Science <input type="checkbox"/> Computer <input type="checkbox"/>	Lab. Equipment:	Available <input type="checkbox"/> Not Available <input type="checkbox"/>	
Library: Available <input type="checkbox"/> Not Available <input type="checkbox"/>	Library Books:	Available <input type="checkbox"/> Not Available <input type="checkbox"/>	

- Have you ever applied for partnership in PEF? If yes in which program? _____
- Have you ever been in partnership with PEF? If yes under which program. _____
- Reason of discontinuity of partnership. _____
- Partnership discontinued on _____ year

Name of the applicant: _____

Signature of the applicant _____

Note: Completely filled in application form shall be submitted alongwith below indicated documents:

Checklist:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. Attested copies of Certificates, Degrees and Experience Certificate | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Need Assessment Report | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. References (5) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Domicile | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. CNIC (copy) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Rent Deed registered/Fard-e-malkiyat/donation deed | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. School building Map | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Tehsil Map downloaded from PEF Website | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. TMA/UC Certificate | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Signature of applicant: _____



FORM FOR APPLICANT ORGANIZATION
Phase VII NSP PEF

Applicant Organization's Information

Name of Organization: _____

Reg. Status: _____ Reg. No: _____ Abbreviation: _____

Registered Name of Org. _____

Experience in Education Sector: _____ Experience of Managing Schools _____

Complete Mailing Address (Head Office): _____

Tehsil _____ District _____

Postal Code _____ Phone # (Office) _____ Phone # (Home) _____

Fax # _____ Cell # _____ E-mail _____

Official website _____

Complete Mailing Address (Sub Office): _____

Tehsil _____ District _____

Applicant Organization's Owner/Head/Chairperson Information

Org. Head Name _____ Father Name _____

Gender: _____ CNIC #: _____ - _____ - _____ Contact No. _____

Email ID _____

Spectrum of Applicant Organization (please indicate the relevant one)

Type of Organization	International Level	National Level	Provincial Level	District Level	Tehsil Level
Education Service Provider					
Health Service Provider					

Research Institute					
Academic Institution					
Training Institution					
Labor Institution					
Religious Institution					
School Association					
Any Other; please specify					

In case of Education Service Provider indicate the area of your work. (Level of Education)

Early Childhood	Primary Education	Middle/Elementary	
High School/Secondary	Higher Secondary/Intermediate	Graduation	Post Graduation Only
Non formal Education	Research Work	Consultancy Services	
Other Please Specify: _____			

Consultancy Services Providers, if yes than indicate the area:

Third Party Evaluation	Process Evaluation	Program Evaluation	Impact Evaluation
Any other: _____			

Organization's level of expertise: (Indicate number of projects done as per level given below)

Area of Expertise	None	Basic	Advance
Household Surveys			
Need Assessment			
Training Conduction			
Content Research			
Cluster Formation			
Qualitative Research & Analysis			

Total Expenditure in Projects of Education Sector						
Financial Year		Budget Allocated		Budget Utilization		
Schools being operational by the Organization(please provide detail						
School Name	Address	Year of establishmen	Registration Status	Enrolment	PEC/BISE Results	No. of Teachers
Proposed Districts for opening of new schools	Tehsil	UC	Village/Basti/ Moza/Chak	Settlement	GIS Coordinates	
					Long.	Lat.

Signatures & Stamp

باعث تحریر آنکھ

NSP سکول کے لئے درخواست دہندہ کے کوائف بابت

نام (درخواست دہندہ و بابت

سکول)

ولدیت

ساکن

سکول کا نام مع پتہ

کوائف بابت تصدیق کنندہ:

من کہ مسمی (تصدیق کنندہ)

ولدیت

ساکن

شناختی کارڈ (لازمی ہے)

بقائمی حوش و حواس خمسہ بیان کرتا ہوں کہ میں علاقہ میں _____ سال سے

رہائش پذیر ہوں اور فی الحال میری مصروفیت بطور _____ ہے۔ درج بالا شخص کو میں ذاتی طور پر _____ سال سے جانتا ہوں اور

تصدیق کرتا ہوں کہ اس کی شہرت ایک قابل اعتبار اور تعلیم یافتہ شخص کے طور پر ہے۔ وہ کسی قسم کی غیر قانونی سرگرمی میں ملوث نہ ہے۔ اور وہ سکول کے منصوبے کے لئے

نہایت موزوں اور قابل شخص ہے۔ مزید یہ کہ مجوزہ سکول کا منصوبہ قابل عمل اور علاقہ کے لئے مفید ہے اور یہ کہ سکول درج بالا کے اردگرد (2) کلومیٹر تک کوئی اور

سرکاری یا پرائیویٹ سکول نہ ہے۔

دستخط و مہر تصدیق کنندہ

مکمل پتہ بمعہ فون نمبر

Site Verification Request Form for NSP Phase VII 2015-16 (to support existing schools)

District		Tehsil		UC	
GIS Coordinates: Long. _____ Lat. _____					
School Name					
School Address					
School Owner Name		CNIC No.			
Owner's Qualification			Contact No.		
Principal Name		CNIC No.			
Principal's Qualification			Contact No.		
Total Enrolment:		No. of Teaching Staff		No. of Non-Teaching Staff	
Registration Status Registered <input type="checkbox"/> Unregistered <input type="checkbox"/> Applied for <input type="checkbox"/>					
School Level: as per Registration: Primary <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> H. Secondary <input type="checkbox"/>					
School Level: as per enrolment: Primary <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> H. Secondary <input type="checkbox"/>					
Gender studying: Boys <input type="checkbox"/> Girls <input type="checkbox"/> Both <input type="checkbox"/>		Medium: English <input type="checkbox"/> Urdu <input type="checkbox"/> Both <input type="checkbox"/>			
School Fee (Average): Primary <input type="text"/> Elementary <input type="text"/> Secondary <input type="text"/> H. Secondary <input type="text"/>					
Building Ownership: Family owned <input type="checkbox"/> Individual <input type="checkbox"/> If rented, monthly rent: _____					
Total Rooms		No. of Classrooms		Admin/Staff Rooms	
Labs: Science <input type="checkbox"/> Computer <input type="checkbox"/>		Lab. Equipment: Available <input type="checkbox"/> Not Available <input type="checkbox"/>			
Security: Guards <input type="checkbox"/> Camera <input type="checkbox"/> fence/wall <input type="checkbox"/>		Play ground: Ground: <input type="checkbox"/> Swings/slides <input type="checkbox"/>			
School Record		Student Attendance Register		Teacher Attendance Register	
				Teachers' Salary Register	
Availability		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. of Classrooms		No. of Campuses		Distance between campuses	
Areas where sub-campuses exist:					
Student Teacher Ratio			Classroom Class Ratio		
Basic Facilities		Water		Drinking Water	
Availability		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Teachers Qualification					
Matric	FA/FSC/Fazil	BA/BSc/BCom	MA/MSc/MCom	BEd/ B.SEd	M.Ed/M.S.Ed
					Other , please specify
No. of Teachers: Male _____ Female _____ Total _____			Salary Range Minimum _____ Maximum _____		
If yes, have you been selected in PEF for partnership?					
In which program?					
Has Agreement been cancelled/ terminated? If yes give reason please:					
Do you have any school in partnership with PEF? If yes in which program write school code please:					
How many schools exist within radius of 1km of your school: Government _____ PEF _____					
Please draw sketch map on back of this form to guide monitors to locate your school in referred address.					

Applicant's Signature & Date

Request Form for opening New Primary School NSP Phase VII 2015-16
(for identified sites)

District		Tehsil		UC	
School Name (proposed)					
GIS Coordinates:	Long. _____		Lat. _____		
School site Address					
School Owner Name		CNIC No.			
Owner's Qualification	Contact No. _____				
Indicate as per your proposal please:					
Gender :	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	Both <input type="checkbox"/>	Medium:	English <input type="checkbox"/> Urdu <input type="checkbox"/> Both <input type="checkbox"/>
Building/Land Ownership:	Family owned <input type="checkbox"/>	Individual <input type="checkbox"/>	If rented, monthly rent: _____		
If building exists	indicate Construction Type: Bricks: <input type="checkbox"/> Cemented <input type="checkbox"/> Mud <input type="checkbox"/> Any Other <input type="checkbox"/>				
Total Rooms	No. of Classrooms	Admin/Staff Rooms	Library: Available <input type="checkbox"/> Not Available <input type="checkbox"/>		
Basic Facilities	Water	Drinking Water	Electricity	Toilets (also indicate number)	
Availability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of toilets: _____
Have you ever applied for PEF partnership?					
If yes, have you been selected in PEF for partnership?					
In which program?					
Has Agreement been cancelled/ terminated? If yes give reason please:					
Do you have any school in partnership with PEF? If yes in which program write school code please:					
How many schools exist within radius of 1km of your school: Government _____ PEF _____					
Please draw sketch map on back of this form to guide monitors to locate your school site in refered address.					

Applicant's Signature & Date