ALL PAKISTAN PRIVATE SCHOOLS' FEDERATION

APPSF - MEMBERSHIP FORM

Please fill in BLOCK LETTERS
☑ **All that apply** ☒ **Select only one**
Write "NA" for NOT APPLICABLE Items.

Section I	Tracking ID						-					-						

Personal Data													
Name													
Gender		Male		Female	Date of Birth			-			-		
Mailing Address													
Street													
Area													
City													
Postal Code							Off. Tel. No.						
Tel. No. (Res)							Fax						
Mobile No.							Email Address:						

Section II

Educational Background				
1.	☐ Bachelors	☐ Master	☐ Doctorate	☐ Professional
	Others			

Section III

***Experience Work / Business/ Association/ Organization**				
2.	Total Experience _____ Years			
3.	**Company Name**	**Designation**	**Business**	**Employed**
	a.		☐	☐
	b.		☐	☐
	c.		☐	☐
4.	Experience in the field of Education: _____ Years			
5.	Are you currently operating any school?	☐ Yes	☐ No	
6.	If Yes for Question 5.			
6a.	Name of School			
6b.	Location/City			
6c.	Level of School	☐ Nursery	☐ Primary	☐ Middle ☐ High Other
6d.	Medium	☐ English	☐ Urdu	
6e.	Type of School	☐ Co-Education	☐ Boys	☐ Girls ☐ Partial Co-Education

* Attach extra sheet if required.

Section IV

Association/ Operation			
7.	You intend to:	☐ Establish New Association Network	☐ Upgrade Existing System
8.	You intend to run	☐ District	☐ Provincial or National level
9.	Would you work for APPSF	☐ Yourself	☐ In Group or In Association

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10.	Will any family member(s) work with you?	☐ Yes ☐ No

Section VII

Your Availability

	At	Annual Membership Fee
i.	Premium	Rs 5500 per year per school
ii.	Others	

Section VIII

Your Opinion & Remarks For the up-gradation of Organizational and Financial Capacity

Signature
Date:

Please send your form to:
All Pakistan Private Schools' Federation
Head Office: 93-K Gulberg-3 Lahore.
P: 042-357577787, 35773457, 35427038-40 F: 37800051
info@pakistanprivateschools.com
This form is also available at: www.pakistanprivateschools.com

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Section IX

For office use only

Evaluator: **Signature:** **Date:**	**Reviewer:** **Signature:** **Date**