

PHNF LOAN PROGRAM APPLICATION FORM

Name	
Date of Birth	
Passport Number	
Father's Name	
Father's Profession	
Household Income	
Family Members	
Present Address (US if applicable)	
Permanent Address	
Telephone	
E-mail	
Medical College	
Year Graduated (if applicable)	
1st Professional M.B.B.S. Grade	
2nd Professional M.B.B.S Grade	
3rd Professional M.B.B.S Grade	
Final Professional M.B.B.S Grade	
USMLE Scores (if applicable)	
<ul style="list-style-type: none"> • Step 1 • Step 2 CK • Step 2 CS • Step 3 	
Other Qualifications (if any)	
Awards and Honors (if any)	
Describe briefly why you should be considered:	

Terms and Conditions:

- The decision by the PHNF Young Physicians Committee will be final.
- By accepting this loan, the applicant will enter into a legal written agreement with the PHNF . and shall payback the entire amount within one year of starting his/he residency or paid research program.

- By accepting this loan, the applicant pledges to become a life-time member of PHNF within one year of starting his/her residency or paid research program.
- By accepting this loan, the applicant pledges to help other students and graduates of Pakistan who are interested to pursue post-graduate medical training in United States.
- By signing the above-mentioned contract, I hereby declare that I will abide by the terms and conditions set by the PHNF. PHNF holds the full authority to revoke my contract based on any reason, which is not keeping with the terms and conditions.

Applicant's Full Name: _____

Applicant's Signature: _____

Dated: _____

Required Documents:

- 1- Curriculum Vitae
- 2- Passport copy
- 3- Medical College Degree/ Transcripts
- 4- All M.B.B.S. Professional Scores
- 5- ECFMG certificate copy
- 6- All USMLE Step Scores
- 7- A letter of recommendation from any US based physician or a Professor based in candidate's own medical school

(Please send the signed Application Form and scanned Required Documents via E-mail to drgulnar@profhaqnawazfoundation.com)