

**APPNA LOAN PROGRAM (QARZ-E-HASANA) APPLICATION FORM**

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

**Terms and Conditions:**

- The decision by the APPNA Young Physicians Committee will be final.
- By accepting this loan, the applicant will enter into a legal written agreement with the APPNA 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 APPNA 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 APPNA. APPNA 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 [administrator@appna.org](mailto:administrator@appna.org))**