

APPLICATION INTEREST-FREE NISHTAR POSTGRAUATE LOAN/ SCHOLARSHIP PROGRAM

Date: _____

Please note:

1. It is a loan, it is payable regardless of whether you get into a training program or not.
2. Keep a copy of this application for your records
3. Please attach your passport size photograph

4. All this information is subject to verification

1. Major requirements:

- a. Score Step 1: 240 b. Score in Step 2: 240; c. Clinical Skills: passed in first attempt;**
- d. Part 3: passed preferred, not required; e. MBBS certificate**

2. Documents to be submitted: a. Copy of passport; b. Copy of USA Visa;

- c. Your Pakistani identity card; d. Transcript; e. Gas bill; f. Electric Bill; g. Father's name & Identity card; h. M.B.B.S certificate**

Your Full Name			
1. First Name		Gender:	Marital status:
2. Last Name		Spouse's name:	
3. Middle Name		Spouse's occupation:	
4. Date of Birth			
5.a Applying for		<input type="checkbox"/> Loan which is returnable	
6. Scores			
Step 1:		Step 2:	
Passed in first attempt:		CS:	
<input type="checkbox"/> Yes <input type="checkbox"/> NO		<input type="checkbox"/> Attached documents	
7a. Cell Phone			
7b. Other Phone			
8. Email			
9. Address in Pakistan			
<p>Note: those who get into training program, the principle of loan will be paid in 24 equal monthly installments, starting with your first salary check at \$200 a month</p>			
10. APPNA Scholarship			
Have you applied for APPNA loan or intend to, or are you approved or receiving APPNA loan?			

	<input type="checkbox"/> No <input type="checkbox"/> Yes Explain:
11. Family monthly income:	
12. Justify your Needs:	Use a Separate Paper if more Space is needed
13. Name, address, telephone # and Email address of 2 relatives living in the USA and relationship or any 2 references like friends or classmates already in the USA. Include their year of graduation	Include city, state and zip code
14. USA Driver's license # and State:	<input type="checkbox"/> I do not have a driver's license yet, but will provide you the copy s soon as it becomes available
15. Social security #:	<input type="checkbox"/> I do not have social security # yet but will provide you the copy as soon as it becomes available
16. Places You have lived in or plan to live in the USA with addresses and dates if possible:	
17. Details of interviews	Places you got interview calls from or where you have been interviewed. Attach a separate page if more space is needed:
18. Did you graduate with honors?	
Name: _____ Date: _____	
If married, please provide the following information. Include the following documents:	
<input type="checkbox"/> Attached copy of spouse's passport <input type="checkbox"/> Attached copy of spouse's visa	
Spouse's name	
Occupation	
Date of birth	
Employment plans in the USA	
Email	
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Cell Phone#

Deadline for Application: This application must be filed by March 15th 2022

\Please note:

- 1. All documents must be submitted together.**
- 2. Only complete applications will be processed.**
- 3. Incomplete applications cannot be entertained. It is your responsibility to see the application is complete, legible, and presentable (some applications come in very poor shape)**
- 4. you will not be notified of incomplete items as we don't have the manpower to point out omissions**

Please return this application by October 1, to all Three entities:

1. VC Nishtar
2. Principle Nishtar
3. Dr Aisha Zafar email: AZAFAR@aol.com

Name: _____ Date: _____

I certify that the above information is correct. I understand that this application is no guarantee that loan/scholarship will be awarded. If it is determined that the loan/scholarship was obtained unfairly, the total amount will become due immediately. I also understand that incomplete applications or applications with incomplete documents may be rejected. Please see complete list of documents required on page 7 of the application. I hold harmless Zafar Mir Foundation or any of its office holders including loan scholarship committee from any harm that may result from such action

Signature: _____ Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Notary Public

State of: _____, County of _____

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and office

Notary Public: _____

Note: Please search internet to find a notary near you. If you have a bank account, your bank will notarize it for you

Please email completed application to: VC Nishtar email, Principal Nishtar email and Aisha Zafar email AZAFAR@AOL.COM

If there is a missing information like US Visa etc. you can submit to us when available. Application can be delayed if critical information is missing

Please return Loan payments to: ZAFAR MIR FOUNDATION
13682 LAKESHORE DRIVE, CLIVE, IOWA 50325

PROMISSORY NOTE KEM-04

Note: You need to fill promissory note

Date of Note: _____, 20____	Amount Borrowed: US\$ 5,000 _____
Lender: Zafar Mir Foundation	Borrower:
Lender address for payment: 13682 lakeshore drive Clive IA 50325	Borrower physical address:
	Borrower email address:
Pakistani National ID #: _____ Expiration date: 20 ____	Social Security#: _____

FOR VALUE RECEIVED, Borrower, an individual currently residing at the address set forth above, hereby promises to pay to the order of Lender, an Illinois not-for-profit corporation, with the mailing address set forth above, or at such other place as Lender may designate, in lawful money of the United States of America, the Amount Borrowed set forth above.

The Amount Borrowed shall be payable in twenty four (24) consecutive monthly installments, each equal to \$200 a month. Each payment shall be received by Lender by the twentieth (20th) day of the month.

The first (1st) such installment shall be due upon the earlier of the twentieth (20th) day of (a) the month following that in which Borrower first works in a medical residency or internship in the United States, its territories or possessions, or (b) the month twelve (24) months after the date of this Note set out above.

Borrower shall have the right, at any time and from time to time, to prepay without premium or penalty all or any portion of the principal balance outstanding hereunder.

If any payment is not made or Borrower shall default in any other obligation hereunder, (a) the entire principal balance, whether or not otherwise then due, shall at the option of Lender, become immediately due and payable without demand or notice, and (b) Borrower shall be liable for all costs and expenses incurred by Lender in enforcing this Note by suit or otherwise, including but not limited to collection costs, court costs, and attorney's fees.

Until this Note is fully paid, Borrower shall promptly inform Lender of any change of Borrower's (a) physical address, (b) email address, (c) employment, and (d) attendance at any educational institution.

Borrower and all endorsers or guarantors waive presentment, protest and demand, notice of protest, demand, and dishonor, and agree the due date of this Note or any installment may be extended by Lender without affecting any liability hereunder.

Suit to enforce or construe this Note may be filed by Lender in the Circuit Court for the County of St. Louis, Missouri or, if it may acquire jurisdiction, in the United States District Court for the Eastern District of Missouri, and the Borrower and Lender hereby irrevocably consent to the jurisdiction of such courts. Further, Lender shall have the right to file suit to enforce this Note in any court having jurisdiction over Borrower.

The rights and remedies of Lender provided in this Note shall be cumulative and concurrent at the sole discretion of Lender. The failure to exercise any such right or remedy shall in no event be construed as a waiver or release of such right or remedy or of the right to exercise them at a later time.

This Note may not be amended, modified or changed, nor shall any waiver of any provision hereof be effective, except only by an instrument in writing signed by the party against whom enforcement of any waiver, amendment, change, modification is sought. If the date required hereunder for any payment falls on a Saturday, Sunday or legal holiday at the location where payment is to be received, such payment shall not be due and payable until the next business day.

The words "Borrower" and "Lender" herein shall be deemed to include their respective heirs, legal representatives, successors and assigns; provided, however, that Borrower shall not assign any obligation hereunder.

This Note shall be construed according to and governed by the internal laws of the State of Missouri without reference to principles of conflicts of laws.

IN WITNESS WHEREOF, Borrower has executed this Note on the date first written above.

Borrower

Other helpful documents like copy of Driver's license, Social security card etc.

I acknowledge the following (please initial each item)

_____ I will start paying my loan from the first paycheck I receive and pay in 24 equal payments

_____ I will update my contact information within 30 days of a change. In case of default, full amount will be due immediately

_____ in case of default, Zafar Mir Foundation may seek services of collection agency/ attorney. I will be responsible for loan amount additional collection costs

_____ I understand that I can refuse to accept a loan if terms of loan are not acceptable to me

DOCUMENTS TO SUBMIT

Here is the list of documents needed with your initial application . Please Submit documents in the order shown and mark the checklist the documents you are submitting. If possible, submit all documents as a single PDF file instead of sending multiple attachments or multiple emails. It saves time for physicians who review your application.

We thank you for this courtesy

Please include this checklist

- Step 1 scores
- Step 2 Scores
- Clinical Skills: if passed
- MBBS certificate
- Copy of passport
- Copy of USA visa
- Your Pakistani identity card
- Transcript
- Gas bill
- Electric Bill
- Father's name & Identity card.
- any other documents you may consider important

Most important is your personal statement in which you should tell us about you and your personal circumstances. Please tell us why are you eligible for this loan

NOTE:

- 1. ONLY COMPLETE APPLICATIONS WILL BE PROCESSED.**
- 2. FOR RELEASE OF FUNDS, PLEASE GIVE US 2 WEEKS NOTICE.**

PLEASE REMAIN IN TOUCH

Please **keep this page with you.** Once you get in the training program, please provide us your contact information within 1 month. Failure to do so will result in loan default. In that case the full loan becomes due immediately.

Please use copy of this to notify us also of any changes to your contact information

Name: _____ Date of graduation: _____

Program's name and specialty: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # _____ Fax # _____

Home Address: _____ - _____

City: _____ State _____ Zip: -----

Telephone # _____ Cell # _____

Email: _____ @ _____

Please return this form to: Zafar and Mir Foundation
13682 Lakeshore Drive
Clive IA 50325

&

Aisha Zafar M.D. email: azafar@aol.com