



Ghaazee Magu, Fuvahmulah
Phone: 6862562
Email: info@zikura.edu.mv

Zikura International College

3. Student Declaration

5. Health Care Provider Declaration

I declare that I have evaluated the student and that the information provided is accurate to the best of my knowledge.

Name of the doctor:

Hospital/clinic name:

Date:

Signature: _____

Stamp of Hospital / Clinic: