Primary Source Verification
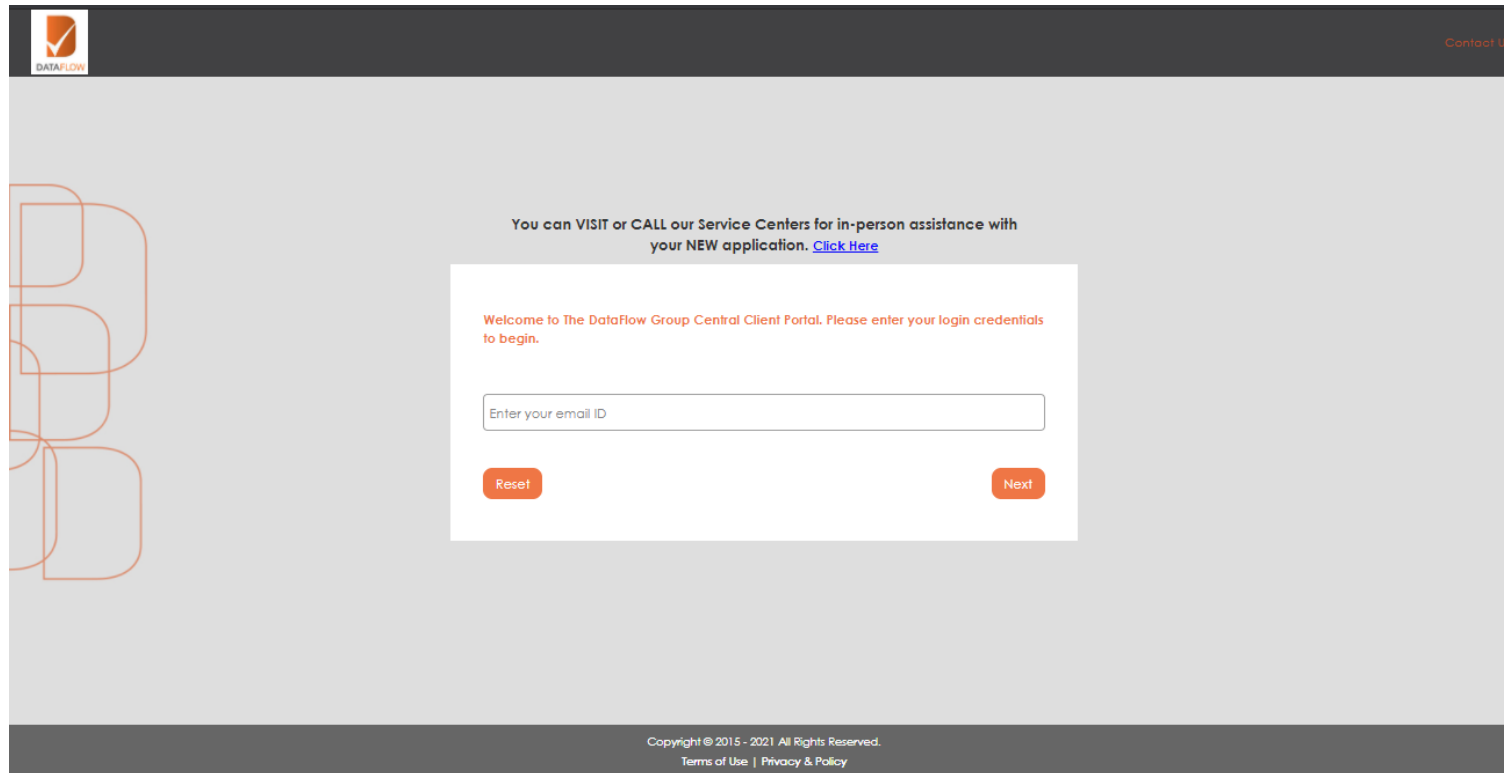
Ministry of Works, Municipalities Affairs and Urban Planning

How to Apply

'A Step By Step Guide for Completing Your Application'
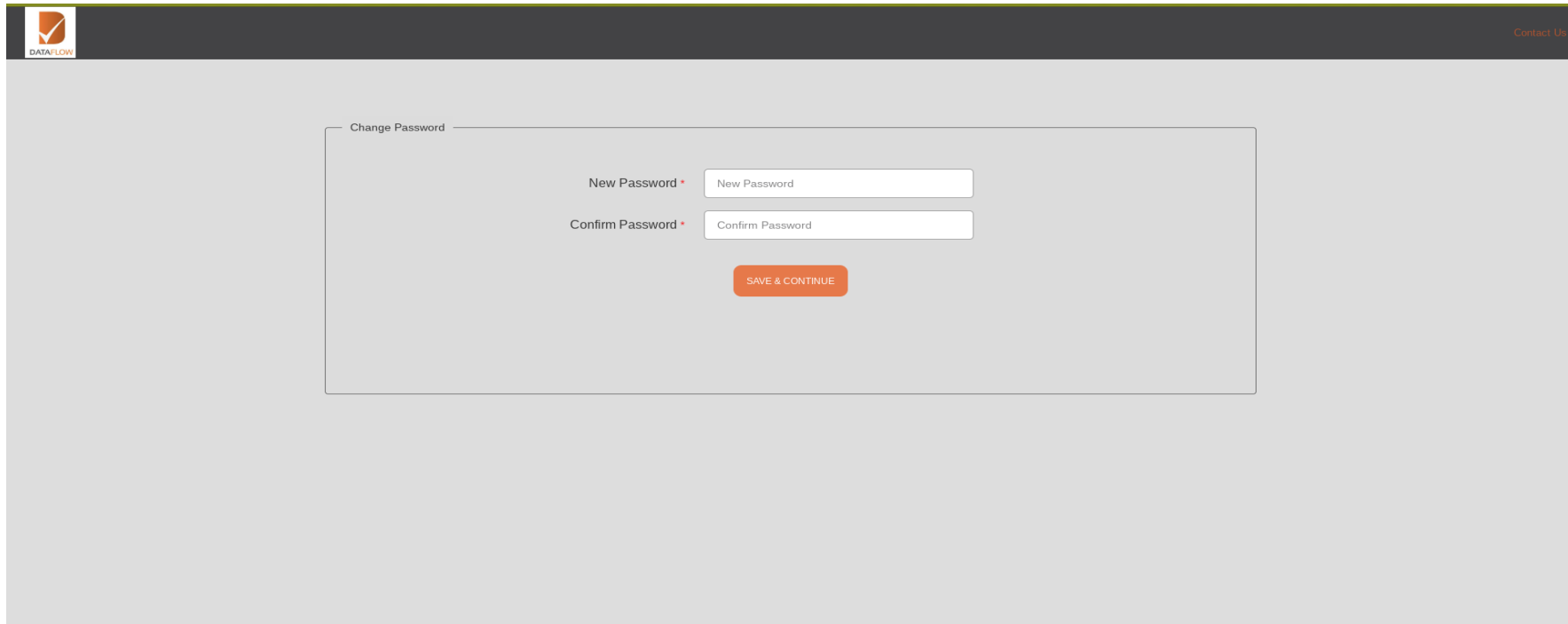
Step 1   Signup

- Visit www.dfgateway.com
- Enter your email ID to begin

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**Ministry of Works, Municipalities
Affairs and Urban Planning**

* If you have registered with the DataFlow Group previously, you will be asked to enter your password on the next screen. If this is your first visit, you will receive an automated email at the registered email ID you shared above, containing an activation link. Please click on the activation link to complete your registration and set your password

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Contact Us

Change Password

New Password *   New Password

Confirm Password *   Confirm Password

SAVE & CONTINUE

bsi   ISO 9001 Quality Management Systems CERTIFIED   ISO/IEC 27001 Information Security Management CERTIFIED   ISO/IEC 27701 Privacy Information Management CERTIFIED

Step 2   Activate your account

- Once you have activated your account, enter your registered email ID and password on the 'Sign In' page

* Note: If you forget your password, click 'Forgot Password', enter the requested details, and click 'Submit'. You will receive an email at your registered email ID with a link to change your password.

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Contact Us

Forgot Password

Registered Personal Email ID * | Registered Personal Email ID |

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bsi   ISO 9001   ISO/IEC   ISO/IEC
Quality   27001   27701
Management   Information Security   Privacy Information
Systems   Management   Management
CERTIFIED   CERTIFIED   CERTIFIED

Step 3   Applications Dashboard

- On the 'Dashboard' page, click the 'Detailed Case Entry' button to initiate a new application
- You can also track your application by selecting your DataFlow Group Case Reference Number from the 'Select Case' dropdown menu or by clicking the 'Check Your Status' button
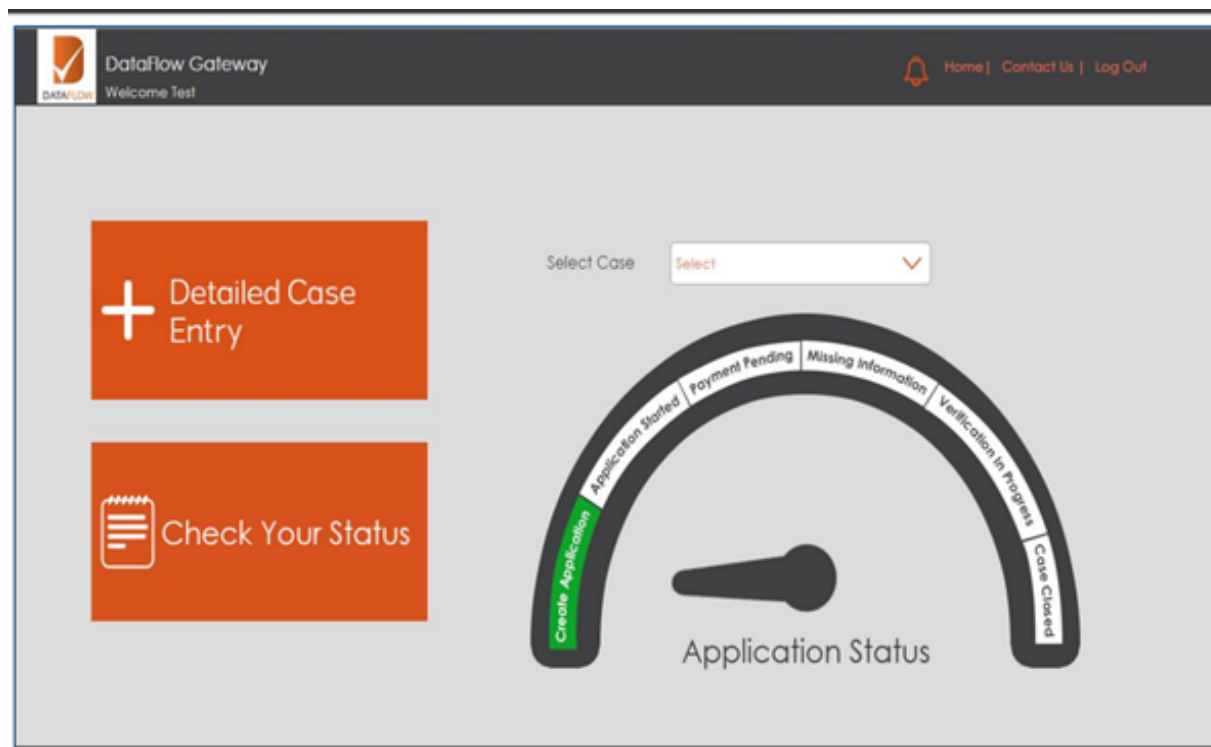
Step 4   Licensing Authority Details

- Choose the Ministry of Works, Municipalities Affairs and Urban Planning from the 'Select Licensing Authority' dropdown menu

Licensing Authority Details

Authority Name | Ministry of Works, Municipalities Affairs and Urban Planning Bahrain ⌄

Select your profession

Select ⌄

Select your service

Select ⌄

BACK

- Please select the type of your profession dropdown 'Select your profession' based on your profession. The options are as follows:
  a. **Assistant**: Please select this option from the dropdown in case you are a Laboratory Technician, or Veterinary Assistant, or Pharmacy Assistant (requires a **minimum of Three years of experience).**
  b. **Specialist**: Please select this option from the dropdown in case you are a Veterinary Practitioner, or Laboratory Specialist, or Pharmacist (requires a **minimum of Five years of experience).**
  c. **Report transfer:** Please select this option in case you are seeking to transfer your existing DataFlow report generated to the Ministry of Works, Municipalities Affairs and Urban Planning

- Please select the type of service by selecting from the dropdown 'Select your service', currently, the options are as under (options will show up in the drop once you select your profession):

  1. **Express Service:** Please select 'Express Service' for expedited processing of your verification requests. We offer expedited processing of your verification request within 14 working days. There is an additional fee payable for Express Service
  2. **Assisted Service:** Please select 'Assisted Service' to select Assistance from DataFlow to complete your application. Fill in the minimal required information and upload your documents. Our team will fill in the details as required from the uploaded documents. In case of any query, we will reach out for additional information. There is an additional fee payable for Assisted Service
  3. **Regular Service:** Please select 'Regular Service' for processing your verification requests.

Licensing Authority Details

Authority Name   Ministry of Works, Municipalities and Urban Planning Bahrain   ∨
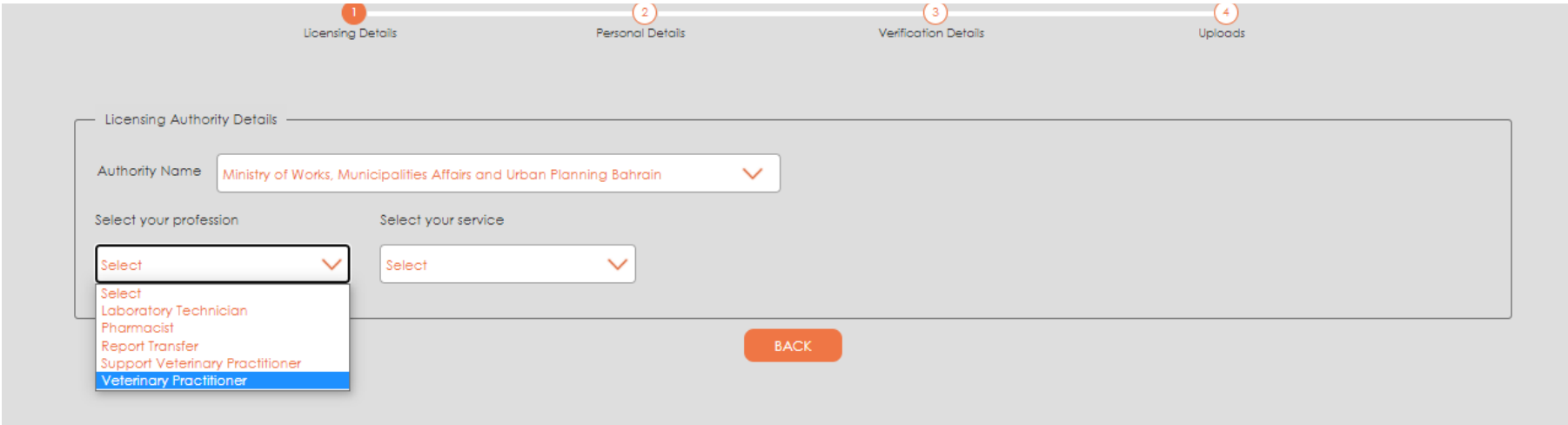
Select your profession   Select your service

Veterinary Practitioner   ∨   Select   ∨

| Select |
| Assisted Service |
| Express Processing |
| Regular Service |

BACK

Based on your selections, the system will show the appropriate package. Please Select the package. The system will show a pop-up within the page to reconfirm the selected details including the profession, service, package, and package price. Please confirm on the pop-up to continue.

The system will load the package i.e., load the list of documents that are required for the package.

You can add additional documents or certificates for verification for an additional fee by clicking on the '+' button. Additionally, in case, you decide not to proceed with the additional document or credential click to reduce the count by clicking the '-' button. Please note that the count cannot be reduced below the standard package count of the documents.

Package Details

Regular application process. Cases will be processed within 14 working days from the date of the payment for package price.

Select Package

Veterinary Practitioner - Express Process

Type of Document	No. of Documents			Type of Document	No. of Documents		
Education	1	+	−	Employment	1	+	−

Additional documents will be charged extra

Additional documents will be charged extra

Type of Document	No. of Documents			Type of Document	No. of Documents		
Professional License	1	+	−	Database	1	+	−

Additional documents will be charged extra

BACK   SAVE   NEXT

The system would prompt you to confirm your choice of options before proceeding further. The system will also display the calculated total amount payable based on your selection of options.

* Note: you would be able to add additional verification components for an additional charge within the packages

Step 5   Personal Details

- On the 'Personal Details' page, enter the required details
- Click 'Save' to save your personal details before proceeding further
- Upload clear uncropped scans of the mandatory documents listed below:
    a. Passport
    b. Name Change Certificate (If applicable) - Supported by a Marriage Certificate, Affidavit, or Any Other Legal Document
- Once the personal details are saved, please click 'Next' to move to the next step
- As a set of next steps, the system will ask you to enter information about the selected certificates and upload the required documents for verification

Please enter all details in ENGLISH language only.

Personal Details

First Name *

Middle Name

Last/Family Name *

Gender

Passport Number *

Date of Birth *

Country *

Country code

Mobile Number *

Personal Email ID *

Mandatory Documents

Please upload a clear copy of your passport page*

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A

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ISO/IEC 27001 Information Security Management CERTIFIED
ISO/IEC 27701 Privacy Information Management CERTIFIED

Step 6   **Education**

- On the 'Education' page, enter the required details and upload clear uncropped scans of the mandatory documents listed below:
    a. Original Education Degree(s)
    b. The back page of Education Degree (Applicable for degrees obtained from Afghanistan, India, and Pakistan)
    c. In case your educational institute has any additional request, our team member will reach out to you for the document or information

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Ministry of Works, Municipalities
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You are about to fill the details of your Education document. Please make sure to provide the dates (issue date, start date, end date, conferred date etc.), major subject, qualification and other details **exactly as mentioned in the document to be verified.**

Any variance found in the details filled in the form and the information mentioned in the document submitted for verification, may lead to a delay in processing your application.

University / College Name	*	University / College Name	University / College Country	*	Select ⌄
Qualification Attained	*	Qualification Attained	Applicant's Name as per Document	*	Alaaeldin Ismail Mohamed Mabrouk
Degree/Course is completed	*	Select ⌄	Mode of Study		Select ⌄
Major Subject		Major Subject	Period of Study From	*	Period of Study From 📅

Mandatory Documents

Upload the front page of the qualification document to be verified (Certificate/Diploma/Degree).
Upload the relevant all year marksheet or Transcript of Records (TOR) (As Applicable).

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Optional Document / Information

Step 7   Experience

- On the 'Experience' page, enter the required details and upload clear uncropped scans of the mandatory documents listed below:
    a. Experience certificate, or Relieving certificate.

Step 8   Professional Licence (if applicable)
- On the 'Professional License' page, enter the required details and upload clear uncropped scans of the mandatory documents listed below:
    a. Previously issued professional license

You are about to fill the details of your Health License document. Please make sure to provide the dates (issue date, start date, end date, conferred date etc.), Licence A/ntined and other details **exactly as mentioned in the document to be verified.**

Any variance found in the details filled in the form and the information mentioned in the document submitted for verification, may lead to a delay in processing your application.

Professional Licensing Body *	Professional Licensing Body	Title of the License *	Title of the License
Applicant's Name as per Document *	Alaaeldin Ismail Mohamed Mabrouk	Type of License	Select
License Status *	Select	License Number *	License Number
License Start Date *	License Start Date		

Mandatory Documents

Upload copy of original health license to be verified.

UPLOAD

Step 9   **MANDATORY - Letter of Authorization**

- After you have entered all certificate details - a signed 'Letter of Authorization' is required before proceeding further. **This is a mandatory document**
- Click 'Download LOA' to download the 'Letter of Authorization'
- Print, Sign and Scan the signed 'Letter of Authorization'
- Upload a clear and complete scan of the 'Letter of Authorization' to proceed further

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Step 10   Review Application before submission

- On the 'Application Review' page, carefully review your entered details before submitting
- You can edit your entered information by clicking on the 'Edit' tab

Welcome Ssdspro@Yopmail.Com | Home | Change Password | Contact Us | Search | Log Out

Personal Details

Field	Value	Field	Value	Field	Value
First Name	Test1	Middle Name	Middle Name	Last/Family Name	Customer
Gender	Female	Passport Number	A12345	Date of Birth	1/09/1974
Case Reference Number (transferred)	Case Reference Number (transferred)	Nationality	Indian	Country Code	+ 91
Mobile Number	9911811629	Personal Email ID	ssdspro1@yopmail.com	Professional Email ID	Professional Email ID

Licensing Authority Details

Field	Value	Field	Value	Field	Value
Customer	Social Services Department Sharjah	Select Service Type	Regular Service	Select Case Type	Fresh
Package	Professionals Package 1				

Education

Field	Value	Field	Value	Field	Value
Issuing Authority Name	AMITY UNIVERSITY	Issuing Authority Address	Block – J2, Ground Floor Amity University Campus Sec	Issuing Authority City	NOIDA
Issuing Authority State	Uttar Pradesh	Issuing Authority Country	India	Qualification Attained	BA
Applicants Name as per Document	Test1 Customer	College/Institution Name		Have You Completed this Degree/Course	
Mode of Study	Distance Learning	Major Subject	Sociology	Period Of Study From	

Education.
(Degree Certificate)

Employment

Field	Value	Field	Value	Field	Value
Issuing Authority Name	AB HEALTH CENTRE	Issuing Authority Address	Chennai, Tamil Nadu 600040	Issuing Authority City	CHENNAI
Issuing Authority State	Tamilnadu	Issuing Authority Country	India	Last Profile/Designation	Therapist
Applicants Name as per Document	Test1 Customer	Employee Code		Department	
Nature of Employment		Employment Period (From)	25/09/2013	Employment Period (To/Till Date)	24/09/2019
Reason for leaving		Performance		Good Standing	

Employme
nt (Experience Letter)

Professional License

Field	Value	Field	Value	Field	Value
Issuing Authority Name	ACADEMIC COUNCIL OF OCCUPATIONAL THERAPY	Issuing Authority Address	Kochi,Kerala,India	Issuing Authority City	KOCHI
Issuing Authority State	Kerala	Issuing Authority Country	India	Licence Attained	Y
Applicant's Name as per Document	Test1 Customer	Licence Type	Part time	Licence Status	
Registration/Licence Number / ID	123m	Licence Conferred Date	04/09/2000	Valid From	04/09/2000

HealthLice
(Membership Certificate)

Database

Field	Value	Field	Value	Field	Value
Name as per Passport	Test1 Customer	Date of birth	01/09/1974	Passport Number	A12345

Database.j
(Passport Copy)
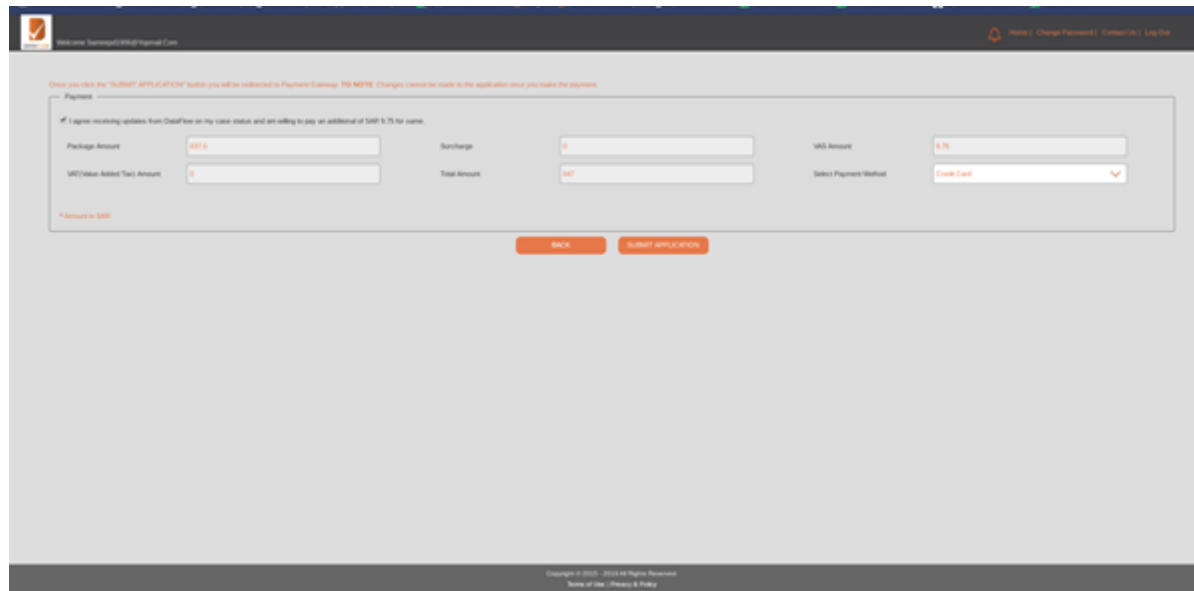
Certificate of Good Standing

Field	Value	Field	Value	Field	Value
Issuing Authority Name	ACADEMIC COUNCIL OF OCCUPATIONAL THERAPY	Issuing Authority Address	Kochi,Kerala,India	Issuing Authority Country	India
Applicant's Name As Per Document	Test	Licence Type	Part time	Licence Status	Expired
License Number	123				

Certificat.
(Certificate of Good Standing)

Step 11   Payment

- On the 'Payment' page - based on the package selected, you will view the overall fee in the 'Total Amount' field
- You can proceed to conclude your payment by clicking the 'Submit Application' button
- By clicking the 'Submit Application' button, you will be redirected to the payment gateway

Step 12   Tax Invoice

- Once you have completed your payment, the system will automatically populate a printable tax invoice and will forward your application to initiate the Primary Source Verification process

DataFlow Services FZ LLC
P.O. Box 73743
Dubai
United Arab Emirates

Tax registration number 100241353000003

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TAX INVOICE

Receipt number: 180702-300645	**Payment method:** Credit Card
Name: Taylor, Garry	**Date:** 4 July 2019
Email: gtaylor@dataflowgroup.com	**Passport no.** 1234567890

	Service	Currency	Net amt.	VAT rate	VAT	Total
1	Premium Services - SMS updates	AED	XXX	X%	XXX	XXX
2	Premium Services - Express processing	AED	XXX	X%	XXX	XXX
3	Premium Services - VIP processing	AED	XXX	X%	XXX	XXX
4	Primary Source Verification **CASE NUMBER:** TC99-1901-000001 **CASE TYPE:** New/Renew **CLIENT NAME:** Test Customer **CLIENT REF NUMBER:** T2019010100001 **PACKAGE DETAILS:** Professional 1/Professional 2/Etc. **EDUCATION 1:** University **EDUCATION 2:** University **EMPLOYMENT 1:** FZ LLC **EMPLOYMENT 2:** FZ LLC **LICENSE 1:** Hospital	AED	XXX	X%	XXX	XXX
	Total	AED	XXX	X%	XXX	XXX

NOTES:
1. Primary Source Verification payments may be cancelled and refunded up to 48 hours of the payment being made. After 48 hours, refunds will not be accepted.

* Note: The above receipt is a sample

Step 13   Track your case status

- To track the status of your application, click on the 'Check Your Status' button and you will be redirected to the page shown below
- To review the details entered in your application, click on 'Case ID'
- Once your final DataFlow Group report is completed, you can download a copy of your report

Application Submitted List

Action	Case Reference Number	Client Reference Number	Client Name	Category	Payment Status	Package Amount	Case Submit Date	Expected Closure Date	Status	Report	Delete
➕	TC99-1707-051368	TC99-1707-051368	Test Customer	Acupuncture Practitioner	Received	KWD 500	28/07/2017	NA	Your case is completed and the final report has been submitted to the regulator you have applied to.	Pending	✖
➕	D002-1902-355642	D002-1902-355642	DHAMAN	Regular Service	Pending	KWD 74.70	NA	NA	Your case has been started.	Pending	✖