

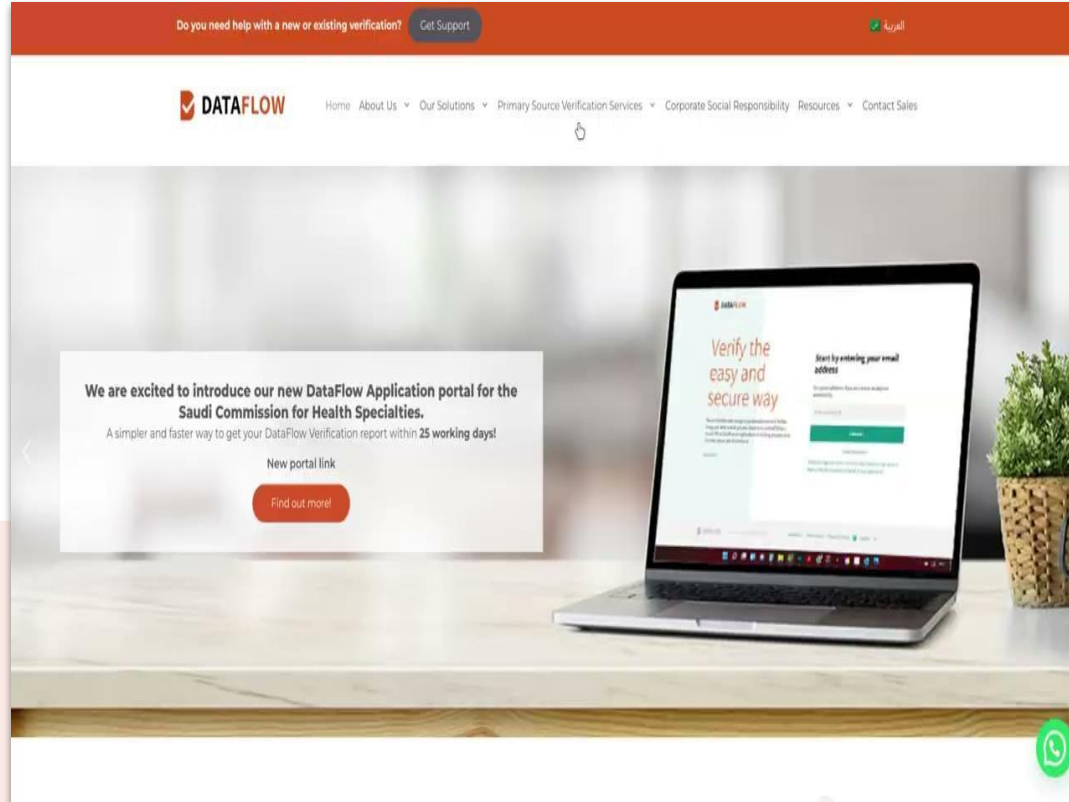


How to Apply - DHP Implanted Medical Devices



 DIGIFLOW  CROSSCHECK  TrueProfile.io

Step 1 - Visit www.dataflowgroup.com and follow the below steps to fill the Inquiry form.



Step 2 - Fill all the required details and click on “Submit”.
The DataFlow team will contact you and share with you the Credentials to Log in.

Submit a ticket

Customer Type *

I am from a PRO/Agency

Type of request *

Licensing Authority or Institution *

Enter your DataFlow Case Number or Client Reference Number (MANDATORY for existing applicant's identity authentication) *

NA

Enter Applicant's Date of Birth as per passport (MANDATORY for applicant's identity authentication) *

Email Address *

satish.kumar@dataflowgroup.com

Enter the telephone number that we can use to contact you, including the country code.

Subject *

Description *

B I U | | A | | |

+ Attach a file

SUBMIT

CANCEL

Step 3 - Go to www.dfgateway.com and Use the shared Credentials to log in to the portal.



Verify the
easy and
secure way

You are here because you got a job abroad and one of the last things you need to do is get your documents verified? What a match! We at DataFlow are specialized in verifying documents in the most secure and efficient way.

Start by entering your email address

Our system will detect if you are a new or existing user automatically.

Enter your email ID

☐ I am an Agency

Continue

secure way

You are here because you got a job abroad and one of the last things you need to do is get your documents verified? What a match! We at DataFlow are specialized in verifying documents in the most secure and efficient way.

Please enter your password

[Forgot password](#)



I'm not a robot



success!

Login

Step 4 - Click on “Initiate Cases”.



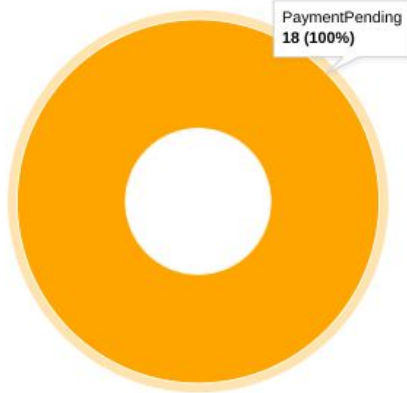
Initiate Cases



Check Applicant Status

CASE-STATUS OVERALL

NO DATA AVAILABLE



● PaymentPending

Step 5 - Select the Package, click on “ADD” to fill in the details then click on “ADD TO CART”.

Home

Initiate Case(s)

Case Details

Cart Summary

Please fill in details in all of the below fields:

1. Click on the "Add (Maximum 20 applications)" button to create fields for additional applications.
2. Click on the "Add to Cart" button to proceed to Cart Summary.

Package Details

Package

New Implanted Medical Device Reg▼

Type of Check/Document

Medical Device Certificate

No. of Checks/Documents

1

+

-

Additional checks/documents will be charged extra

ADD

ADD TO CART

DOWN LOAD EXCEL

UPLOAD

Applicant Details

Manufacturer Name	Email Id	Mobile Number	Data Entry By	Payment By	Package	
test	test@hotmail.com	+7 RUS ▼ 123456789	DATAFLOW	Employer	New Implanted ...	✕

Step 6 - Click on “UPLOAD”, Attach the required documents then click on “Next”.

1. Click on the "UPLOAD" button to upload documents for related application.
2. Click on the "NEXT" button to proceed to Cart Summary.

Multiple Case Entry Document Upload

Applicant Name	Applicant Email ID	Package		
<input type="text" value="test"/>	<input type="text" value="test@hotmail.com"/>	<input type="text" value="New Implanted Medical Device Registi"/>	<input type="button" value="UPLOAD"/>	<input type="button" value="VIEW DOCUMENTS"/>

Attach Files

To Note:-

- All uploaded documents must contain clearly legible information, not exceeding 10 MB.
- The following formats are acceptable: JPG, JPEG, PNG or PDF
- DataFlow is not responsible for any delays caused by the submission of incomplete documents / information

Drag and Drop to upload

or

No file selected

The Mandatory documents for each package as per the Ministry of Public Health (MOPH-DHP) Qatar requirements.







Package Name	Required Documents	Fee
New Implanted Medical Device Registration	1 - One Commercial Registration Certificate of the manufacturer. 2 - One CE or FDA Certificate from the country of origin with reference number of the device for registration. (should be valid at least for 6 months). 3 - One Free Sale Certificate (FSC) for the device from the country of origin.	QAR 770
Renew Implanted Medical Device Registration	1 - One CE or FDA Certificate from the country of origin with reference number of the device for registration.	QAR 300

Step 7 - Select “Credit Card” as Payment Mode and choose one or more application/s which you would like to proceed with.

Please check the boxes below to select the applications for which you wish to make the payment.

Customer Payment Mode

Cart Summary

	Customer	Case Reference Number	Client Reference Number	Package	Name	Package Net Amount	Credit Cost	Issuing Authority Name	Issuing Authority Fee	Net Amount
<input type="checkbox"/>  	Department of Healthcare Professions - Ministry of Public Health (DHP-MOPH) Medical Device Certificate Verification Project			New Implanted Medical Device Registration			0.00			
<input type="checkbox"/>  	Department of Healthcare Professions - Ministry of Public Health (DHP-MOPH) Medical Device Certificate Verification Project			New Implanted Medical Device Registration			0.00			
<input type="checkbox"/>  	Department of Healthcare Professions - Ministry of Public Health (DHP-MOPH) Medical Device Certificate Verification Project			New Implanted Medical Device Registration			0.00			

Step 8 - Click on “Submit Application” and your report will be issued within a maximum of 15 Working Days from submitting the clear and complete required documents.

Payment Summary

Package Net Amount	<input type="text"/>	Surcharges	<input type="text" value="0"/>	VAT(Value Added Tax) Amount	<input type="text" value="0"/>
Net Amount	<input type="text"/>	Currency	<input type="text" value="QAR"/>	Gross Amount	<input type="text"/>

Submit Application

TOP

Note: If you need any further assistance please reach out to our Customer service at akurdi@dataflowgroup.com

Thank you.

