



حُكُومَةُ الشَّارِقَةِ
دائرة الخدمات الاجتماعية
GOVERNMENT OF SHARJAH
Social Services Department



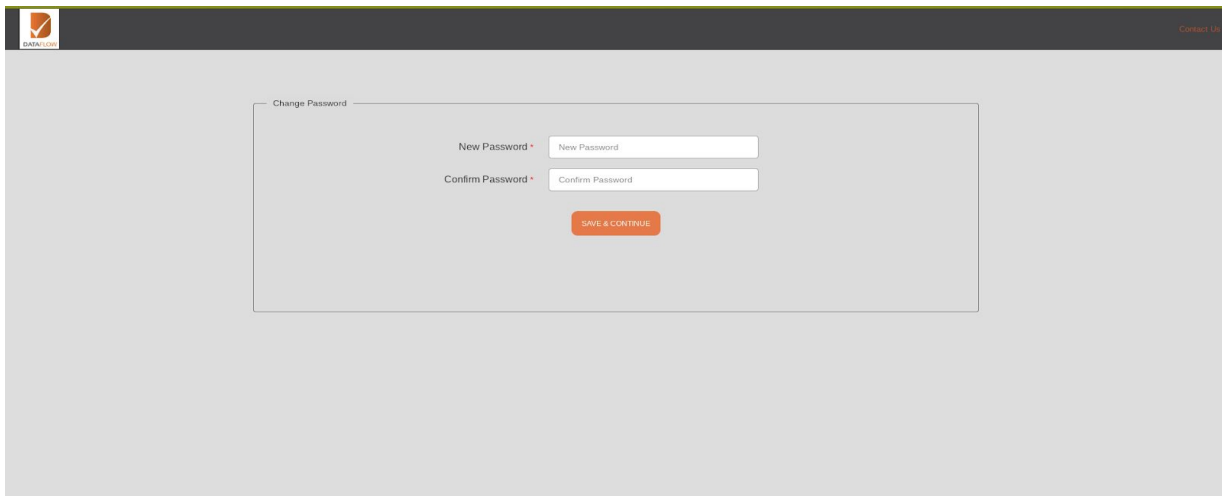
Primary Source Verification
Sharjah Social Services Department
How to Apply
'A Step By Step Guide for Completing Your Application'



Step 1 Signup

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

* 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



Change Password

New Password *

Confirm Password *

SAVE & CONTINUE



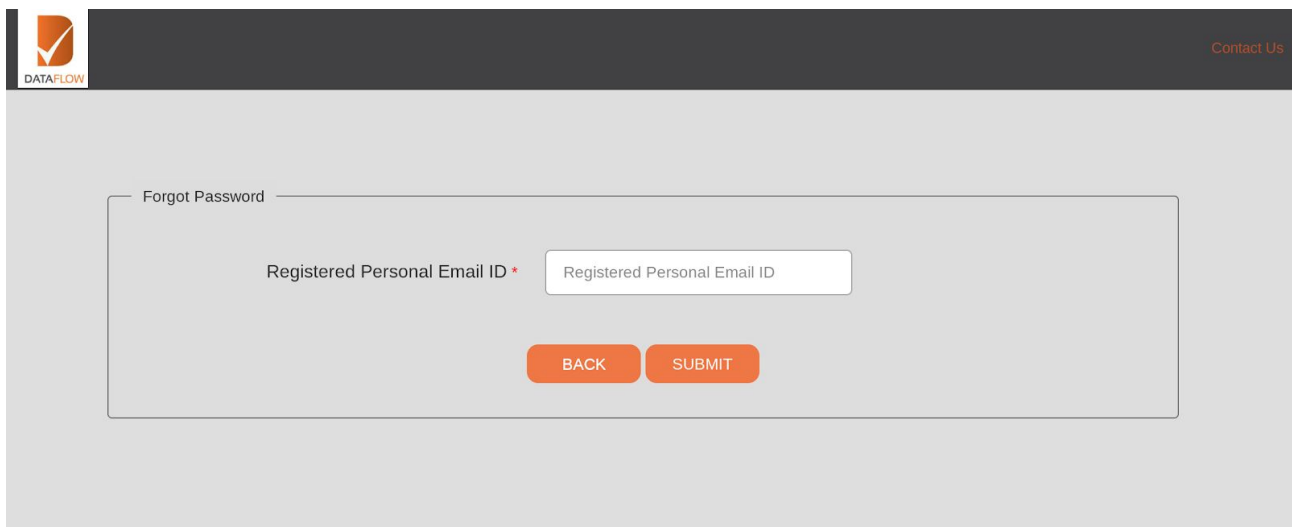
Step 2 Activate your account

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



The screenshot shows the 'Sign In' page of the DataFlow Group Central Client Portal. The page has a dark header with the DataFlow logo on the left and 'Contact Us' on the right. The main content area is light gray with a white sign-in form in the center. The form contains the text: 'Welcome to The DataFlow Group Central Client Portal. Please enter your login credentials to begin.' Below this is a text input field containing the email address 'dnyxk1008@yymail.com'. There are two orange buttons labeled 'Sign In' on either side of the input field. At the bottom of the page, there is a small copyright notice: 'Copyright © 2013 - 2022 All Rights Reserved. Terms of Use | Privacy & Policy'.

* 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.

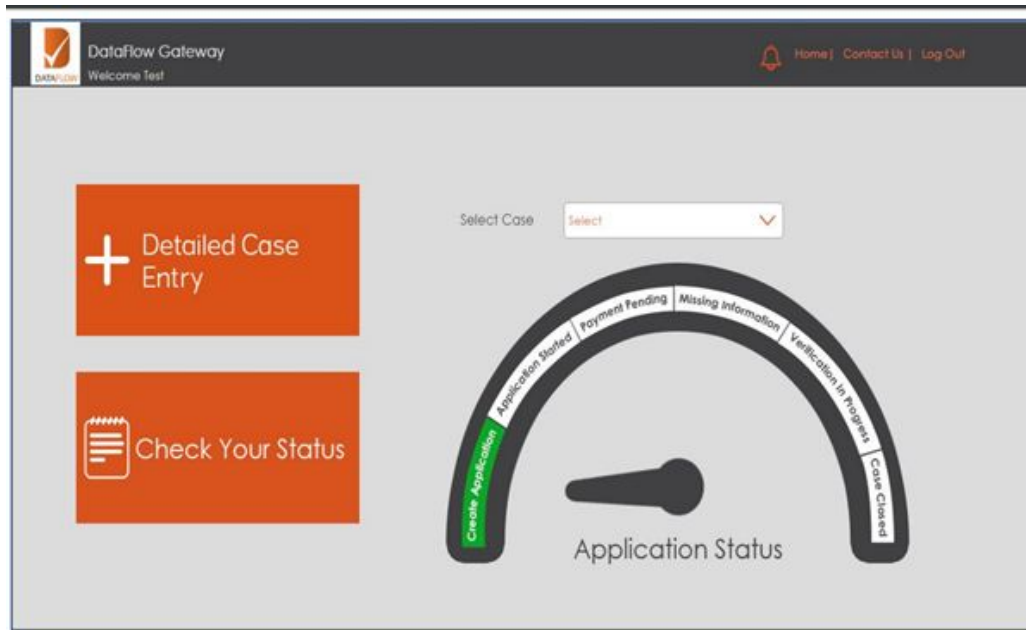


The screenshot shows the 'Forgot Password' page of the DataFlow Group Central Client Portal. The page has a dark header with the DataFlow logo on the left and 'Contact Us' on the right. The main content area is light gray with a white form in the center. The form is titled 'Forgot Password' and contains a text input field labeled 'Registered Personal Email ID *' with the placeholder text 'Registered Personal Email ID'. Below the input field are two orange buttons labeled 'BACK' and 'SUBMIT'.



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' from the 'Select Case' dropdown menu or by clicking the 'Check Your Status' button

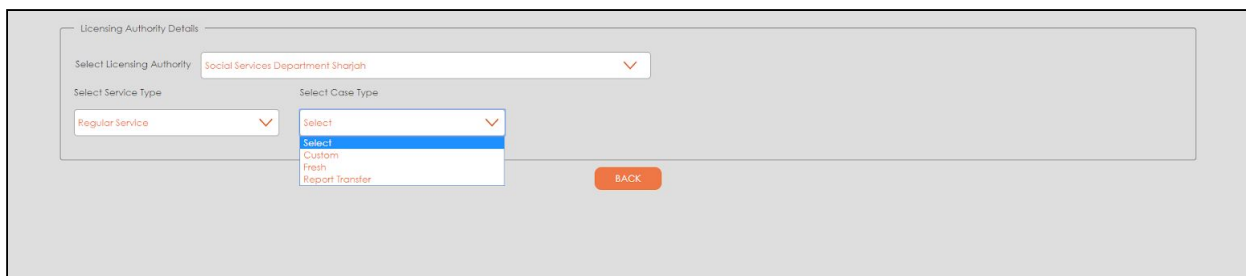


Step 4 Licensing Authority Details

- Choose the Social Services Department Sharjah from the 'Select Licensing Authority' dropdown menu



- Select the case type you want to be processed in from the 'Select Service Type' dropdown menu. This includes:
 - **Regular** (expected case completion: 30 working days per regular package price)
 - **Applicant Assist** (save time and effort through a reduced number of fields to fill for a premium of only 150 AED on top of the regular package price)
 - **Express** (expedited case completion: target 14 working days. This comes at a premium of 500 AED on top of the regular package price)
 - **Express Assist** (save time and effort to complete your verification sooner with an expedited case completion target of 14 working days and a reduced number of fields to fill. A premium of 650 AED will be charged on top of the regular package price)
- Select the Case type profession/Category you are applying for from the
 - Fresh
 - Custom



* Note: Based on a selected number of documents, your specific certificate details will be displayed



Step 5 Personal Details

- On the 'Personal Details' page, enter the required details
- Upload clear uncropped scans of the mandatory documents listed below:
 - Passport
 - Name Change Certificate (If applicable) - Supported by a Marriage Certificate, Affidavit or Any Other Legal Document
- Click 'Save' to save your personal details before proceeding further
- 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.

First Name *	<input type="text" value="First Name"/>	Middle Name	<input type="text" value="Middle Name"/>	Last/Family Name *	<input type="text" value="Last/Family Name"/>
Gender	<input type="text" value="Select"/>	Passport Number *	<input type="text" value="Passport Number"/>	Date of Birth *	<input type="text" value="Date of Birth"/>
Case Reference Number (transferred) *	<input type="text" value="Case Reference Number (transferred)"/>	Nationality *	<input type="text" value="Select"/>	Country Code *	<input type="text" value="+93 Afghanistan (AF)"/>
Mobile Number *	<input type="text" value="Mobile Number"/>	Personal Email ID *	<input type="text" value="Personal Email ID"/>	Professional Email ID	<input type="text" value="Professional Email ID"/>

Mandatory Documents

Upload clear scan copy of Passport (First and Last Page) or clear scan of National Identification Card.



Step 6 Education

- On the 'Education' page, enter the required details and upload clear uncropped scans of the mandatory documents listed below:
 - Original Education Degree(s)
 - The back page of Education Degree (Applicable for degrees obtained from Afghanistan, India, and Pakistan)

Please enter all details in ENGLISH language only.

Issuing Authority Name *	<input type="text" value="Issuing Authority Name"/>	Issuing Authority Address	<input type="text" value="Issuing Authority Address"/>
Issuing Authority City	<input type="text" value="Issuing Authority City"/>	Issuing Authority State	<input type="text" value="Issuing Authority State"/>
Issuing Authority Country *	<input type="text" value="Select"/>	Qualification Attained *	<input type="text" value="Qualification Attained"/>
Applicant's Name as per Document *	<input type="text" value="Karan Bir Singh"/>	College/Institution Name	<input type="text" value="College/Institution Name"/>
Have You Completed this Degree/Course	<input type="text" value="Select"/>	Mode of Study *	<input type="text" value="Select"/>
Major Subject *	<input type="text" value="Major Subject"/>	Period Of Study From	<input type="text" value="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).

UPLOAD

Optional Document / Information

Upload the back page of the qualification document to be verified if it contains any stamps, endorsements or unique identifiers (Certificate/ Diploma/ Degree).

UPLOAD




Step 7 Experience

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

Please enter all details in ENGLISH language only.

Employment			
Issuing Authority Name *	<input type="text" value="HSSSI ACADEMY CSSD FOUNDATION, STERILE SUPPLY TRAI"/>	Issuing Authority Address	<input type="text" value="P.B No:01 Sterilization House Kulappuram(East) near Pariyaram Viliyancode(PO) Kannur(Dist) Kerala, India 670504"/>
Issuing Authority City	<input type="text" value="KANNUR"/>	Issuing Authority State	<input type="text" value="Kerala"/>
Issuing Authority Country *	<input type="text" value="India"/>	Last Profile/Designation *	<input type="text" value="fgdfg"/>
Applicants Name as per Document *	<input type="text" value="Karan Bir Singh"/>	Employee Code	<input type="text" value="Employee Code"/>
Department	<input type="text" value="Department"/>	Nature of Employment	<input type="text" value="Select"/>
Employment Period (From) *	<input type="text" value="01/09/2019"/>	Employment Period (To/Till Date)*	<input type="text" value="17/09/2019"/>
Reason for leaving	<input type="text" value="Reason for leaving"/>	Performance	<input type="text" value="Select"/>
GoodStanding	<input type="text" value="Select"/>		

Upload Experience Letters from Previous/Current employers.



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Employment...



Step 8 Professional License

- On the 'Professional License' page, enter the required details and upload clear uncropped scans of the mandatory documents listed below:
 - Professional License (front and back pages)
 - Renewal Document (If applicable)

Please enter all details in ENGLISH language only.

Issuing Authority Name *	<input type="text" value="Issuing Authority Name"/>	Issuing Authority Address	<input type="text" value="Issuing Authority Address"/>
Issuing Authority City	<input type="text" value="Issuing Authority City"/>	Issuing Authority State	<input type="text" value="Issuing Authority State"/>
Issuing Authority Country *	<input type="text" value="Select"/>	Licence Attained *	<input type="text" value="Licence Attained"/>
Applicant's Name as per Document *	<input type="text" value="Karan Bir Singh"/>	Licence Type *	<input type="text" value="Select"/>
Licence Status	<input type="text" value="Select"/>	Registration/Licence Number / ID*	<input type="text" value="Registration/Licence Number / ID"/>
Licence Conferred Date	<input type="text" value="Licence Conferred Date"/>	Valid From *	<input type="text" value="Valid From"/>

Mandatory Documents

Upload copy of original health license to be verified.



Step 9 Certification of Good Standing

- On the 'Certificate of Good Standing' page, enter the required details and upload clear uncropped scans of the mandatory documents listed below:
 - Certificate of Good Standing

Certificate of Good Standing Please enter all details in ENGLISH language only.

Issuing Authority Name *	UNIVERSITY OF ADEN	Issuing Authority Address	NA3
Issuing Authority Country *	Yemen	Applicant's Name As Per Document *	Applicant's Name As Per Document
License Type	Select	License Status *	Active
License Number *	32456		

Mandatory Documents

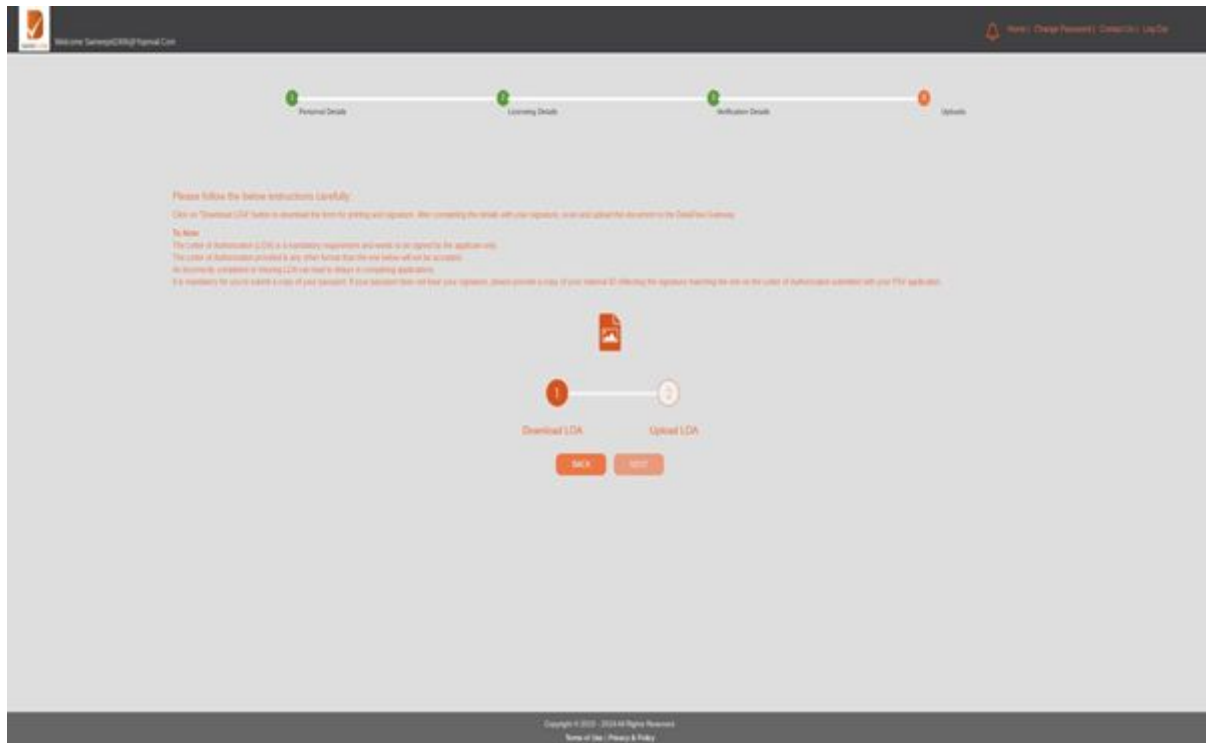
Upload an updated copy of Good Standing Certificate.

UPLOAD



Step 10 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**
- 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



The screenshot shows a web interface for the 'MANDATORY - Letter of Authorization' step. At the top, there is a progress bar with four steps: 'Personal Details', 'Learning Details', 'Verification Details', and 'Upload'. The 'Upload' step is currently active and highlighted in orange. Below the progress bar, there is a section titled 'Please follow the below instructions carefully.' followed by instructions in Arabic and English. The instructions state that the user must click on 'Download LDA' to download the form, print it, sign it, and then scan it. The user must then click on 'Upload LDA' to upload the scanned document. Below the instructions, there are two buttons: 'Download LDA' and 'Upload LDA'. At the bottom of the page, there is a footer with the text 'Copyright © 2020 - 2024 All Rights Reserved' and 'Terms of Use | Privacy & Policy'.



Step 11 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 Sddpro@Yopmail.Com
Home | Change Password | Contact Us | Search | Log Out

Personal Details

First Name	<input type="text" value="Test1"/>	Middle Name	<input type="text" value="Middle Name"/>	Last/Family Name	<input type="text" value="Customer"/>
Gender	<input type="text" value="Female"/>	Passport Number	<input type="text" value="A12345"/>	Date of Birth	<input type="text" value="1/09/1974"/>
Case Reference Number (transferred)	<input type="text" value="Case Reference Number (transferred)"/>	Nationality	<input type="text" value="Indian"/>	Country Code	<input type="text" value="+91"/>
Mobile Number	<input type="text" value="9918811629"/>	Personal Email ID	<input type="text" value="sddpro@yopmail.com"/>	Professional Email ID	<input type="text" value="Professional Email ID"/>

Licensing Authority Details

Customer	<input type="text" value="Social Services Department Sharjah"/>	Select Service Type	<input type="text" value="Regular Service"/>	Select Case Type	<input type="text" value="Fresh"/>
Package	<input type="text" value="Professional's Package 1"/>				

Education

Issuing Authority Name	<input type="text" value="AMITY UNIVERSITY"/>	Issuing Authority Address	<input type="text" value="Block - 32, Ground Floor Amity University Campus Soc"/>	Issuing Authority City	<input type="text" value="NOIDA"/>
Issuing Authority State	<input type="text" value="Uttar Pradesh"/>	Issuing Authority Country	<input type="text" value="India"/>	Qualification Attained	<input type="text" value="BA"/>
Applicant's Name as per Document	<input type="text" value="Test1 Customer"/>	College/Institution Name	<input type="text" value=""/>	Have You Completed this Degree/Course?	<input type="text" value=""/>
Mode of Study	<input type="text" value="Distance Learning"/>	Major Subject	<input type="text" value="Sociology"/>	Period Of Study From	<input type="text" value=""/>

Education
(Degree Certificate)

Employment

Issuing Authority Name	<input type="text" value="AB HEALTH CENTRE"/>	Issuing Authority Address	<input type="text" value="Chennai, Tamil Nadu 600040"/>	Issuing Authority City	<input type="text" value="CHENNAI"/>
Issuing Authority State	<input type="text" value="Tamilnadu"/>	Issuing Authority Country	<input type="text" value="India"/>	Last Profile/Description	<input type="text" value="Therapist"/>
Applicant's Name as per Document	<input type="text" value="Test1 Customer"/>	Employee Code	<input type="text" value=""/>	Department	<input type="text" value=""/>
Nature of Employment	<input type="text" value=""/>	Employment Period (From)	<input type="text" value="25/09/2013"/>	Employment Period (To/Till Date)	<input type="text" value="24/08/2015"/>
Reason for leaving	<input type="text" value=""/>	Performance	<input type="text" value=""/>	GoodStanding	<input type="text" value=""/>

Employment
(Employment or Experience Letter)

Professional License

Issuing Authority Name	<input type="text" value="ACADEMIC COUNCIL OF OCCUPATIONAL THERAPY"/>	Issuing Authority Address	<input type="text" value="Kochi, Kerala, India"/>	Issuing Authority City	<input type="text" value="KOCHI"/>
Issuing Authority State	<input type="text" value="Kerala"/>	Issuing Authority Country	<input type="text" value="India"/>	License Attained	<input type="text" value="Y"/>
Applicant's Name as per Document	<input type="text" value="Test1 Customer"/>	License Type	<input type="text" value="Part time"/>	License Status	<input type="text" value=""/>
Registration/License Number / ID	<input type="text" value="123m"/>	License Conferred Date	<input type="text" value="04/09/2008"/>	Valid From	<input type="text" value="04/09/2008"/>

Health/Lic
(Membership Certificate)

Database

Name as per Passport	<input type="text" value="Test1 Customer"/>	Date of birth	<input type="text" value="01/09/1974"/>	Passport Number	<input type="text" value="A12345"/>
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Database
(Passport Copy)

Certificate of Good Standing

Issuing Authority Name	<input type="text" value="ACADEMIC COUNCIL OF OCCUPATIONAL THERAPY"/>	Issuing Authority Address	<input type="text" value="Kochi, Kerala, India"/>	Issuing Authority Country	<input type="text" value="India"/>
Applicant's Name As Per Document	<input type="text" value="Test1"/>	License Type	<input type="text" value="Part time"/>	License Status	<input type="text" value="Expired"/>
License Number	<input type="text" value="123"/>				

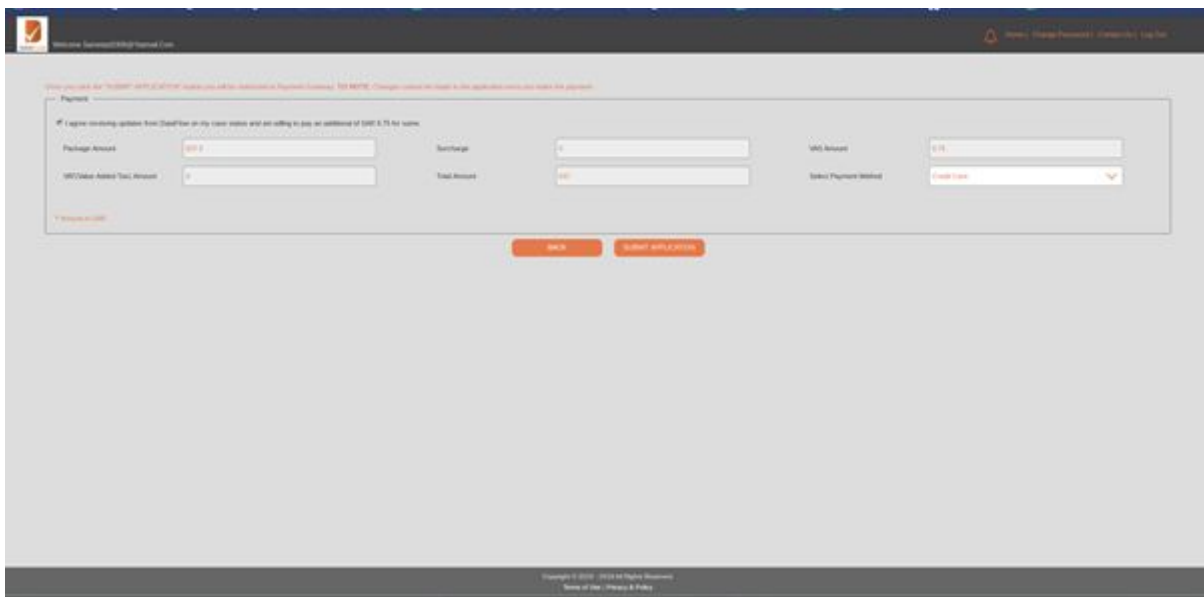
Certificate
(Certificate of Good Standing)

Letter Of Authorization

LOA.pdf

Step 12 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



Payment

Package Amount: 0.00

Service Fee: 0.00

VAT Amount: 0.00

Total Amount: 0.00

Submit Application



Step 13 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



TAX INVOICE



Receipt number: 180702-300645

Name: Taylor, Garry

Email: gtaylor@dataflowgroup.com

Payment method: Credit Card

Date: 4 July 2019

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:




- 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 14 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	