





التحقق من المصدر الأساسي للوثائق

دائرة الخدمات الاجتماعية الشارقة



"دليل مفصّل لتقديم طلبك"









الخطوة الأولى التسجيل

- قم بزيارة <u>www.dfgateway.com</u>
 - أدخل عنوان بريدك الإلكتروني للبدء

* إذا قمت بالتسجيل مسبقاً مع مجموعة داتافلو، سيطلب منك النظام إدخال كلمة السر عبر الصفحة التالية. إذا كانت هذه أول محاولة تسجيل، سوف تستقبل بريد تلقائي يحتوي على رابط التفعيل إلى عنوان بريدك الإلكتروني المسجل. يرجى النقر على رابط التفعيل لإكمال عملية التسجيل و إدخال كلمة السر

| DATALOW | | | |
|---------|--------------------|------------------|--|
| | | | |
| | Change Password | | |
| | New Password * | New Password | |
| | Confirm Password * | Confirm Password | |
| | | | |
| | | SAVE & CONTINUE | |
| | | | |
| | | | |
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الخطوة الثانية تفعيل حسابك

• حين إكمال تفعيل حسابك، أدخل عنوان بريدك الإلكتروني المسجل و كلمة السر من خلال صفحة "Sign In"

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* إذا نسيت كلمة السر، اضغط على "Forgot Password"، أدخل التفاصيل المطلوبة ثم انقر على "Submit". سوف تستقبل بريد إلى عنوان بريدك الإلكتروني المسجل يحتوي على رابط لتغبير كلمة السر.

| DATAFLOW | Contact Us |
|---|------------|
| | |
| Forgot Password | |
| Registered Personal Email ID * Registered Personal Email ID | |
| BACK SUBMIT | |
| | |
| | |









الخطوة الثالثة صفحة المعاملة

- من خلال صفحة المعاملة، اضغط على "Detailed Case Entry" للبدء بتقديم الطلب
- يمكنك أيضاً تتبع معاملتك بإستخدام الرقم المرجعي لمجموعة داتافلو عبر قائمة "Select Case" أو عن طريق الضغط على خانة "Select Status"









الخطوة الرابعة معلومات الجهة الترخيصية

قم بإختيار دائرة الخدمات الإجتماعية من قائمة "Select Licensing Authority"

| Licensing | Authority Details | | | | |
|--------------|-------------------|----------------------|------------------|--------------|---|
| Select Licer | nsing Authority | Social Services Depa | artment Sharjah | | ~ |
| Select Servi | rice Type | | Select Case Type | | |
| Select | | \checkmark | Select | \checkmark | |
| | | | | | |

- اختار نوع المعاملة التي ترغب بتقديمها من قائمة "Case Type" التي تتضمن:
- المعاملة الاعتيادية "Regular" التي يتم إكمالها خلال 30 يوم عمل تقريباً تبعاً لسعر الحزمة.
- خدمة مساعدة العميل "**Applicant assist**" توفر الوقت و الجهد من خلال تعبئة خانات المعلومات الأساسية القليلة مقابل رسوم تساوي 150 در هم إضافية على سعر الحزمة.
- خدمة التحقق السريع "Express" حيث يتم إكمال المعاملة خلال 14 يوم عمل مقابل رسوم تساوي 500 در هم إضافية على سعر الحزمة.
- · خدمة مساعدة العميل والتحقق السريعة "**Express Assist**" حيث نقدم توفير الوقت و الجهد من خلال تعبئة خانات المعلومات الأساسية القليلة بالإضافة إلى إكمال التحقق خلال 14 يوم عمل مقابل رسوم تساوي 650 درهم إضافية على سعر الحزمة.
 - قم بإختيار نوع الطلب من خلال قائمة "Select case Type"
 - طلب مخصص "Custom"
 - طلب جديد "Fresh"
 - طلب تحويل تقرير تحقق سابق "Report Transfer"

| Select Service Type | Select Case Type | | | | |
|---------------------|------------------|---|------|--|--|
| Regular Service | V Select | ~ | | | |
| | Select Custom | | | | |
| | Report Transfer | | BACK | | |
| | | | | | |

* ملاحظة: بناءً على عدد الشهادات المختارة، سيتم عرض التفاصيل المرتبطة.









الخطوة الخامسة المعلومات الشخصية

- على صفحة المعلومات الشخصية "Personal Details"، يرجى إدخال التفاصيل المطلوبة
 - ارفع نسخ ممسوحة واضحة و كاملة للوثائق الإلزامية التالية:
 - جواز السفر
- شهادة تغيير الاسم (إن لزم) مدعومة بشهادة زواج أو إقرار أو أي نوع من الوثائق القانونية
- اضغط على حفظ "Save" ليتم حفظ المعلومات، و من ثم اضغط على "Next" للانتقال للصفحة التالية
 - كمجموعة خطوات لاحقة، سيطلب منك النظام بتعبئة المعلومات للوثائق و رفع الشهادات المطلوبة للتحقق

| Personal Details | | Please enter a | all details in ENGLISH language only. | | |
|--|-------------------------------------|---|---|-----------------------|-----------------------|
| First Name * | First Name | Middle Name | Middle Name | Last/Family Name * | Last/Family Name |
| Gender | Select | Passport Number * | Passport Number | Date of Birth * | Date of Birth |
| Case Reference * 🥑 Number (transferred) | Case Reference Number (transferred) | Nationality * | Select V | Country Code * | +93 Alghanistan (AF) |
| Mobile Number * | Mobile Number | Personal Email ID * | Personal Email ID | Professional Email ID | Professional Email ID |
| Mandatory Documents | | Upload clear scan copy of Passport (Fir | rst and Last Page) or clear scan of National Identifica | tion Card. | |
| | | BACK | SAVE NEXT | | |







الخطوة السادسة الشهادة التعليمية

- على صفحة الشهادة التعليمية، قم بتعبئة المعلومات المطلوبة و تحميل نسخة واضحة مقروءة للوثائق الإلزامية التالية: - نسخة عن الشهادة التعليمية الأصلية

 - الوجه الخلفى للشهادة التعليمية (تطبق على الشهادات الصادرة من أفغانستان، الهند و الباكستان).

| | | | Please enter | r all details in ENGLISH language only. | | | |
|--|---------|---------------------------|---|---|---|---------------------------|---|
| - Education | | | | | | | |
| Issuing Authority Name | • | Issuing Authority Name | | Issuing Authority Address | | Issuing Authority Address | |
| | | | | | | | |
| Issuing Authority City | | Issuing Authority City | | Issuing Authority State | | Issuing Authority State | |
| Issuing Authority Country | • | Select | ~ | Qualification Attained | 1 | Qualification Attained | |
| Applicants Name as per Document | 1 | Karan Bir Singh | | College/Institution Name | | College/Institution Name | |
| Have You Completed this Degree/Course | | Select | ~ | Mode of Study | (* | Select | ~ |
| Major Subject | 1 | Major Subject | | Period Of Study From | | Period Of Study From | |
| | | | | | | | |
| - Optional Document / Informati | on ———— | Upload the fu Upload t | ont page of the qualific he relevant all year ma | cation document to be verified (Contificate/Diplor arksheel or Transcript of Records (TOR) (As App UPLOAD | ma/Degree). sincable). ue identifiers (Certificate/ I | Diploma' Degree). | |
| | | | A | UPLOAD | | | |









الخطوة السابعة شهادة الخبرة

- على صفحة شهادة الخبرة، قم بتعبئة المعلومات المطلوبة و تحميل نسخة واضحة مقروءة للوثائق الإلزامية التالية:
 - نسخة عن شهادة الخبرة الأصلية أو
 - نسخة عن شهادة الإعفاء من الخدمة

| Employment | | F | Please enter all details in E | ENGLISH language only. | | |
|------------------------------------|----|---|-------------------------------|-----------------------------------|--|-------|
| Issuing Authority Name | • | HSSSI ACADEMY CSSD FOUNDATION, STERILE SUPPLY | (TRAI | Issuing Authority Address | P B No.01 Sterilization House Kulappuram(East) near Pariy Vilayancode(PO) Kannur(Dist) Kerala, India 670504 | varam |
| Issuing Authority City | | KANNUR | | Issuing Authority State | Kerala | |
| Issuing Authority Country | 11 | India | ~ | Last Profile/Designation * | fgdfg | |
| Applicants Name as per Document | • | Karan Bir Singh | | Employee Code | Employee Code | |
| Department | | Department | | Nature of Employment | Select | ~ |
| Employment Period (From) | * | 01/09/2019 | | Employment Period (To/Till Date)* | 17/09/2019 | |
| Reason for leaving | | Reason for leaving | | Performance | Select | ~ |
| GoodStanding | | Select | ~ | | | |
| Mandatory Documents | | | | | | |
| | | Uploar | d Experience Letters from | Previous/Current employers. | | |
| | | En | ployment | nport - Not f 👽 😢 📩 | | |









الخطوة الثامنة الرخصة المهنية

- على صفحة الرخصة المهنية، قم بتعبئة المعلومات المطلوبة و تحميل نسخة واضحة مقروءة للوثائق الإلزامية التالية:
 - نسخة عن الرخصة المهنية (الوجه الأمامي و الخلفي)
 - نسخة عن وثيقة التجديد (إن لزم)

| Defector | | | Please enter all details in B | NGLISH language only. | |
|-------------------------------------|---|------------------------|-------------------------------|-----------------------------------|----------------------------------|
| Issuing Authority Name | * | Issuing Authority Name | | Issuing Authority Address | Issuing Authority Address |
| Issuing Authority City | | Issuing Authority City | | Issuing Authority State | Issuing Authority State |
| Issuing Authority Country | | Select | ~ | Licence Attained | Licence Attained |
| Applicant's Name as per Document | • | Karan Bir Singh | | Licence Type | Select |
| Licence Status | | Select | ~ | Registration/Licence Number / ID* | Registration/Licence Number / ID |
| License Conferred Date | | License Conferred Date | = | Valid From * | Valid From |
| - Mandatory Documents | | | | | |
| ,, | | | Upload copy of original hea | Ith license to be verified. | |
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- الخطوة التاسعة شهادة حسن السيرة والسلوك
- على صفحة شهادة حسن السيرة والسلوك، قم بتعبئة المعلومات المطلوبة و تحميل نسخة واضحة مقروءة للوثائق الإلزامية التالية:
 - نسخة عن شهادة حسن السيرة والسلوك

| | | | Please enter all details in | ENGLISH language only. | | | |
|------------------------------|---|--------------------|-----------------------------|-------------------------------------|---|----------------------------------|---|
| Certificate of Good Standing | | | | | | | |
| 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 | |
| Elcense type | | Select | ~ | License Status | | Active | × |
| License Number | • | 32456 | | | | | |
| Mandatory Documents | | | Upload an updated copy of | Good Standing Certificate. | | | |
| | | | UPLC | DAG | | | |







الخطوة العاشرة خطاب التفويض الإلزامي

- بعد الانتهاء من تعبئة كل بيانات الشهادات، يجب توفير خطاب التفويض المعبئ و الموقع قبل البدء بأي إجراءات، كونه وثيقة إلزامية
 - قم بتنزيل نسخة خطاب التفويض
 - يجب أن تقوم بطباعته، تعبئة البيانات المطلوبة وتوقيعه
 - قم بتحميل النسخة المعبئة و الموقعة لتتمكن من إكمال الإجراء

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الخطوة الحادية عشر مراجعة الطلب قبل التقديم

- على صفحة مراجعة الطلب، قم بتفحص التفاصيل المدخلة قبل التقديم
 - يمكنك تعديل المعلومات المدخلة عبر النقر على خانة "Edit"

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| Same and same | Gender | Female | Passport Number | A12345 | Date of Birth | 1/09/1974 |
| Assert Box Box Box Market Box Box Box Box Market Market Box | Case Reference Number | Para Reference Manhar (transform) | Nationality | | Country Code | |
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| and marker function marker (correct) marker (correct) <thmarker (correct)<="" th=""> marker (correc</thmarker> | | AB HEALTH CENTRE | | Chennai, Tamil Nadu 600040 | | CHENNAI |
| Above Field Convert | Issuing Authority State | Taminadu | Issuing Authority Country | India | Last Profile/Designation | Therapist |
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الخطوة الثانية عشر الدفع

- على صفحة الدفع، بناءً على الحزمة المختارة يمكنك تفاصيل الرسوم بالجدول المخصص لمجمل الرسوم
- يمكنك القيام بعملية الدفع عبر النقر على خانة "تقديم الطلب" و سيقوم النظام بإعادة تحويلك إلى بوابة الدفع

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DATAFLOW

الخطوة الثالثة عشر إيصال الدفع الضريبي

 عند إكمال عملية الدفع سيقوم النظام تلقائياً بإصدار أيصال الدفع الضريبي القابل للطباعة و تحويل طلبك للقيام بعملية التحقق من المصدر الرئيسي

| Do P.I Do Ur | ataFlow Services O. Box 73743 Jbai hited Arab Emira x registration numbe | FZ LLC tes pr 100241353000003 | TAFLOW | SAMPLE | | | | | |
|-------------------------------|---|---|----------|----------|-------------|--------|-------|--|--|
| | | TAX I | NVOICE | | SA | MPL | | | |
| Receipt number: 180702-300645 | | 180702-300645 | | Payme | ent method: | Credit | Card | | |
| Name: Taylor, Garry | | | | Date: | 4 July 2019 | | | | |
| Email: gtaylor@dataflowgrou | | gtaylor@dataflowgroup.com | | Passpo | ort no. | 12345 | 67890 | | |
| | Service | | Currency | Net amt. | VAT rate | VAT | Total | | |
| 1 | Premium Service | es - SMS updates | AED | XXX | X% | XXX | XXX | | |
| 2 | Premium Service | es - Express processing | AED | XXX | X% | XXX | XXX | | |
| 3 | Premium Service | es - VIP processing | AED | XXX | X% | XXX | XXX | | |
| 4 | Primary Source N CASE NUMBER: T CASE TYPE: New CLIENT NAME: Te CLIENT REF NUMI PACKAGE DETAI EDUCATION 1: U EDUCATION 2: U EMPLOYMENT 1: EMPLOYMENT 2: LICENSE 1: Hospi | Verification C99-1901-000001 /Renew est Customer BER: T2019010100001 LS: Professional 1/Professional 2/Etc. niversity niversity FZ LLC FZ LLC tal | AED | XXX | Χ% | XXX | XXX | | |
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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.

* ملاحظة: الإيصال أعلاه عينة









الخطوة الرابعة عشر مراجعة حالة الطلب

- لتقوم بمراجعة حالة الطلب، قم بالنقر على خانة "Check Your Status" و سيتم تحويلك إلى الصفحة الموضحة بالأسفل
 - لمراجعة التفاصيل المدخلة في الطلب، انقر على "Case ID"
 - عند إكتمال تقرير التحقق، يمكنك إنزال نسخة منه

| Appli | - Application Submitted List | | | | | | | | | | |
|--------|------------------------------|----------------------------|---------------|-----------------------------|----------|-----------|------------|-----------------------------|---|---------|---|
| Action | | Client Reference Number | Client Name | | | | | Expected Closure Date | | | |
| • | 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 | 8 |
| • | D002-1902-355642 | D002-1902-355642 | DHAMAN | Regular Service | Pending | KWD 74.70 | NA | NA | Your case has been started. | Pending | 8 |
| | | | | | | | | | | | |

