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# The DataFlow Group Primary Source Verification Report



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[www.dataflowgroup.com](http://www.dataflowgroup.com)

## Verification Report

Report Summary	
Applicant Name	MOHAMED AHMED MENSRAWY MENSRAWY ABDEL GALIL
DataFlow Case Reference Number	D001-2102-750333
Issued To	DUBAI HEALTH AUTHORITY P.O. BOX 119990 DUBAI UNITED ARAB EMIRATES
Issued On	06 APRIL 2021
Passport Number	A27009812
Result	<b>POSITIVE</b>

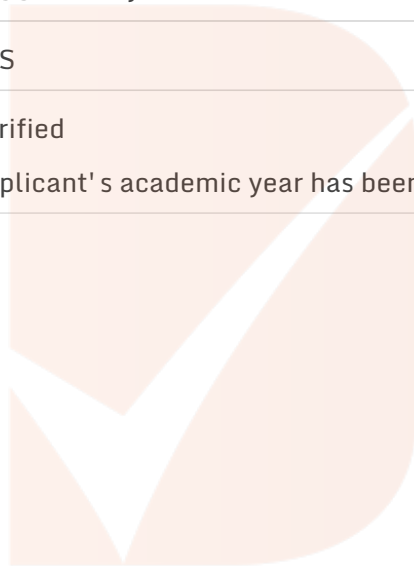
Report Status Color Reference Table	
<b>Discrepancy</b>	i) The concerned issuing authorities have reported one or more discrepancies in the information provided. ii) Discrepant records found against the concerned Applicant and or an associated Issuing Authority.
<b>Unable To Verify</b>	One or more component(s) could not be verified due to i) An untraceable or unresponsive issuing authority. ii) An unconfirmed affiliation. iii) The documents submitted by the applicant were incomplete.
<b>Positive</b>	The concerned issuing authorities have confirmed that the submitted details are verified.

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Verification Component: Education		
Detail	Information Provided	Information Verified
Institute Name	ALEXANDRIA UNIVERSITY	CORRECT
State, Country	ALEXANDRIA, EGYPT	CORRECT
Qualification Attained	DEGREE (BACHELOR OF MEDICINE AND SURGERY)	CORRECT
Mode Of Study	ACTIVE ENROLLMENT	
Conferred Date/Examination Date/Issue Date	11 JANUARY 2017 (DOCUMENT ISSUE DATE)	2015
Degree/Course Is Completed	YES	CORRECT
Remarks	Verified Applicant's academic year has been verified as 2015.	



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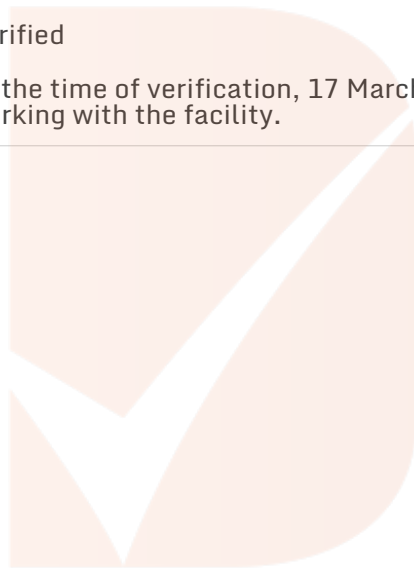


Verification Component: Health License		
Detail	Information Provided	Information Verified
Licensing Authority	EGYPTIAN MEDICAL SYNDICATE	CORRECT
State, Country	CAIRO, EGYPT	CORRECT
License Attained	GENERAL PRACTITIONER	CORRECT
License Number	284745	281879
License Valid From	03 JUNE 2019	30 MARCH 2017
License Valid Till	02 JUNE 2022	TILL DATE
Remarks	<p>Verified.</p> <p>Authorized Contact Confirmed License type is a life time and attended to date mentioned on the health license copy reflects the next date for the applicant to pay the required fees to keep the benefits for the syndicate.</p> <p>Applicant's license valid from date verified as per the document submitted is 30 March 2017.</p> <p>Applicant's license number verified as per the document submitted is 281879.</p>	

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Verification Component: Employment		
Detail	Information Provided	Information Verified
Name Of The Organization	DIRECTORATE OF HEALTH AFFAIRS, ALEXANDRIA	CORRECT
State, Country	ALEXANDRIA, EGYPT	CORRECT
Designation	GENERAL PRACTITIONER	CORRECT
Start Date	24 MAY 2017	CORRECT
End Date	08 FEBRUARY 2021	17 MARCH 2021 (TILL DATE)
Remarks	Verified At the time of verification, 17 March 2021, the Applicant was still working with the facility.	



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Verification Component: Cross Check

<b>Remarks</b>	No Derogatory Records Found
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payment receipt

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

Tax Registration Number:100591817000003



**TAX INVOICE**

**Receipt number:** DHA210221065150180      **Payment method:** Credit Card  
**Name:** Mohamed, Ahmed      **Date:** 21-February-2021  
**Email:** dfg107@egyprometric.com      **Passport no.:** A27009812

Item	Service	Currency	Net amf.	VAT rate	VAT	Total
1	Primary Source Verification case DATAFLOW REFERENCE NUMBER : DHA21220210039800289 CASE TYPE : Fresh CLIENT NAME : Dubai Health Authority DHA UNIQUE ID : 28325012 PACKAGE DETAILS : Physician Education1 : ALEXANDRIA UNIVERSITY,Egypt Employment1 : Directorate of health affairs Alexandria ,Egypt HealthLicense1 : Egyptian Medical Syndicate,Egypt	AED	1235.00	5%	61.75	1296.75
<b>Total</b>		<b>AED</b>	<b>1235.00</b>	<b>5%</b>	<b>61.75</b>	<b>1296.75</b>

<b>Conversion rate</b>	<b>1</b>	<b>1.000000</b>
	AED	AED
Taxable value	1235.00	1235.00
Total VAT	61.75	61.75
Invoice amount	1296.75	1296.75

**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.



The DataFlow Group  
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End Of Report

