

The DataFlow Group Primary Source Verification Report



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Verification Report

Report Summary	
Applicant Name	ALSAIF SAUD SALEH H
DataFlow Case Reference	H005-1905-435484
Client Reference Number	AGD218947
Issued To	DEPARTMENT OF HEALTH ABU DHABI P.O. BOX 5674 ABU DHABI UNITED ARAB EMIRATES
Issued On	24 NOVEMBER 2019
Date of Receipt	29 MAY 2019
Passport Number	D101713
Result	POSITIVE

Report Status Color Reference Table	
Discrepancy	The concerned issuing authorities have reported one or more discrepancies in the information provided.
Unable To Verify	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.
Positive	The concerned issuing authorities have confirmed that the submitted details are verified.

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Verification Component: Education 1		
Detail	Information Provided	Information Verified
Institute Name	ALEXANDRIA UNIVERSITY	CORRECT
State, Country	ALEXANDRIA GOVERNORATE, EGYPT	CORRECT
Qualification Attained	BACHELOR OF MEDICINE AND SURGERY	CORRECT
Conferred Date/Examination Date/Issue Date	MAY 1987 (CONFERRED DATE)	CORRECT
Degree/Course Is Completed	YES	CORRECT
Mode Of Study	ACTIVE ENROLLMENT	
Remarks	<p>Verified</p> <p>The examination date is neither mentioned in the document submitted by the Applicant, nor provided by the Issuing Authority during verification.</p>	

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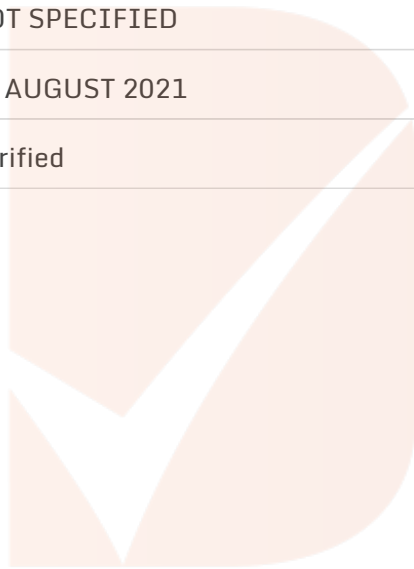


Verification Component: Education 2		
Detail	Information Provided	Information Verified
Institute Name	BEZIRKSRZTEKAMMER SDWRTTEMBERG	CORRECT
State, Country	BADEN-WÜRTTEMBERG, GERMANY	CORRECT
Qualification Attained	SPECIALIST CERTIFICATE IN OTOLARYNGOLOGY	CORRECT
Conferred Date/Examination Date/Issue Date	06 AUGUST 1996 (CONFERRED DATE)	CORRECT
Degree/Course Is Completed	YES	CORRECT
Mode Of Study	NOT AVAILABLE	
Remarks	<p>Verified</p> <p>The examination date is neither mentioned in the document submitted by the Applicant, nor provided by the Issuing Authority during verification.</p> <p>Verification of the mode of study was requested, however, it is not available with the Facility.</p>	

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Verification Component: Health License		
Detail	Information Provided	Information Verified
Licensing Authority	SAUDI COMMISSION FOR HEALTH SPECIALTIES	CORRECT
State, Country	RIYADH, SAUDI ARABIA	CORRECT
License Attained	REGISTERED OTORHINOLARYNGOLOGY (ENT) CONSULTANT	CORRECT
License Number	03RM21624	CORRECT
License Valid From	NOT SPECIFIED	AUGUST 2003
License Valid Till	02 AUGUST 2021	CORRECT
Remarks	Verified	



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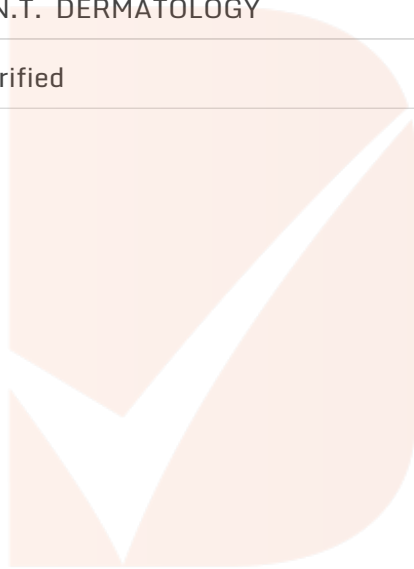
Verification Component: Certificate Of Good Standing		
Detail	Information Provided	Information Verified
Issuing Authority Name	SAUDI COMMISSION FOR HEALTH SPECIALTIES	CORRECT
State, Country	RIYADH, SAUDI ARABIA	CORRECT
Professional Title	CONSULTANT IN OTORHINOLARYNGOLOGY (ENT)	CORRECT
License Number	03RM21624	CORRECT
Issued Date	27 MAY 2019	CORRECT
Valid Till	NOT SPECIFIED	TILL DATE
Current Status	ACTIVE	CORRECT
Remarks	Verified Applicant was in Good Standing as on (17 JUNE 2019).	



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Verification Component: Internship		
Detail	Information Provided	Information Verified
Facility Name	KING ABDULAZIZ UNIVERSITY	CORRECT
State, Country	JEDDAH, SAUDI ARABIA	CORRECT
Designation	INTERNSHIP	CORRECT
Start Date	05 SEPTEMBER 1987	CORRECT
End Date	01 SEPTEMBER 1988	CORRECT
Approved Department	E.N.T. DERMATOLOGY	CORRECT
Remarks	Verified	



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Verification Component:Employment 1		
Detail	Information Provided	Information Verified
Name Of The Organization	KING FAHAD MILITARY MEDICAL COMPLEX	CORRECT
State, Country	EASTERN PROVINCE, SAUDI ARABIA	CORRECT
Designation	ENT CONSULTANT	CORRECT
Start Date	18 JANUARY 1989	CORRECT
End Date	NOT SPECIFIED	NOT DISCLOSED
Remarks	<p>Verified</p> <p>Acting Manager of Recruitment Department confirmed Applicant's employment details as genuine. However, he is unable to provide Applicant's employment end date in spite of multiple attempts.</p> <p>Authorized contact further confirmed that certificate of experience submitted by the Applicant is genuine.</p>	

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Verification Component:Employment 2		
Detail	Information Provided	Information Verified
Name Of The Organization	KING FAHAD HOSPITAL JEDDAH	CORRECT
State, Country	JEDDAH, SAUDI ARABIA	CORRECT
Designation	SPECIALIST	CORRECT
Start Date	15 OCTOBER 1998	CORRECT
End Date	14 OCTOBER 1999	CORRECT
Remarks	Verified.	



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Verification Component:Cross Check	
Remarks	No Derogatory Records Found



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S003-VR-16-044930

**Credentials Verified under Case Number - S003-VR-16-044930 report issue date
23 September 2016**

Checks Details		Information Provided	Information Verified
Education	Institution	The Medical Association of Baden-Wurtemberg	Correct
	Qualification	Specialist Certificate in Oto Rhino Laryngology	Correct
	Conferred Date	06/08/1996	Correct
	Diploma Received	Yes	Correct
	Comments	Verified	
Medical Risk and Datasets	Comments	No Derogatory Records Found	

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End Of Report

