

The DataFlow Group Primary Source Verification Report



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Verification Report

Report Summary	
Applicant Name	SOLIMAN WAFAA OSAMA MOHAMED ATTA
DataFlow Case Reference	S003-2602-2910263
Client Reference	SCFHS60220261770384897568
Application Type	NEW
Issued To	SAUDI COMMISSION FOR HEALTH SPECIALTIES PO BOX 94656, RIYADH 11614, KINGDOM OF SAUDI ARABIA
Issued On	15 FEBRUARY 2026
Date of Receipt	06 FEBRUARY 2026
Passport Number	A44257212
SCHS License Number	NA
Result	POSITIVE



Report Status Color Reference Table	
Discrepancy	i) The issuing authority has reported one or more issues with the document or information provided. ii) The issuing authority or the qualification attained is unaccredited. iii) Adverse records involving the applicant or the issuing authority in risk datasets. iv) Research reveals suspicious trends or inconsistent claims, resulting in the categorization of the issuing entity as suspect.
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		
Detail	Information Provided	Information Verified
Institute Name	HEALTH TECHNICAL INSTITUTE IN MANSOURA	CORRECT
Qualification Attained	DIPLOMA OF HEALTH TECHNICAL INSTITUTES IN GENERAL NURSING	CORRECT
Mode of Study	ACTIVE ENROLLMENT	
Conferred Date/Examination Date/Issue Date	2021	JUNE 2021 (EXAMINATION DATE)
Degree/Course Is Completed	YES	CORRECT
Remarks	Verified	



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Verification Component:Health License		
Detail	Information Provided	Information Verified
Licensing Authority	MINISTRY OF HEALTH AND POPULATION	CORRECT
Licensing Attained	NURSING TECHNICIAN	CORRECT
Licensing Number	113141	CORRECT
License Valid From	29 AUGUST 2022	CORRECT
License Valid Till	NOT SPECIFIED	TILL DATE
Remarks	Verified	



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Verification Component:Cross Check

Remarks	No Derogatory Records Found
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End Of Report

