

What AVS does

Source-based introduction from the supplied guide

Approved Verification Services

AVS is a Qatar-based verification company dedicated to Primary Source Verification (PSV). It authenticates qualifications, licenses, and employment records with transparency and trust.

Core promise

Accuracy

Value

Service & Security

The goal

Complete your application with clear documents, accurate details and a final review before payment.

Questions / guidance

avsqatar.com



01 | START HERE

HOW TO APPLY

DHP Licensing Application Guide

A clear, visual walkthrough for the AVS Applicant Portal

ACCOUNT

SELECT

UPLOAD

REVIEW

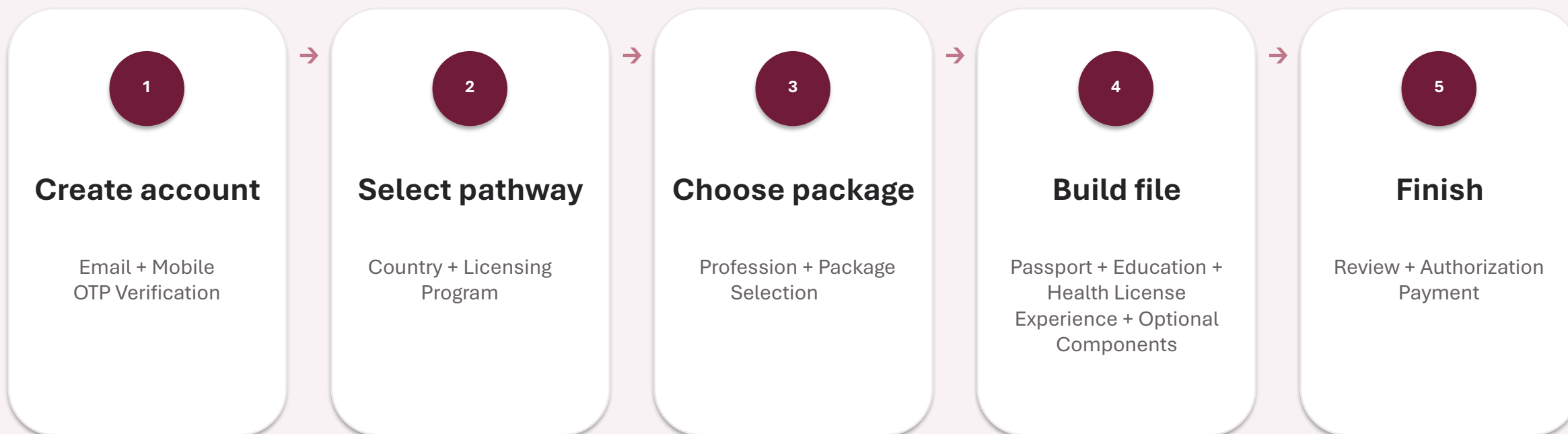
01

AVS Applicant Journey

Primary Source Verification
Accuracy • Value • Service & Security

The AVS application in 5 phases

Use this as the quick-reference map before opening the portal



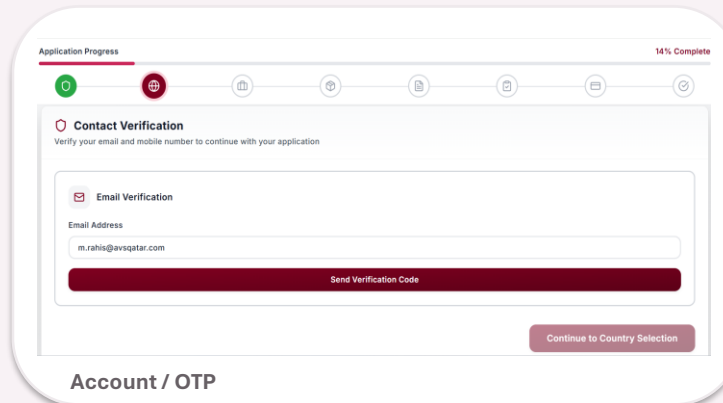
1. Create account & select your pathway

Start with identity, destination and profession

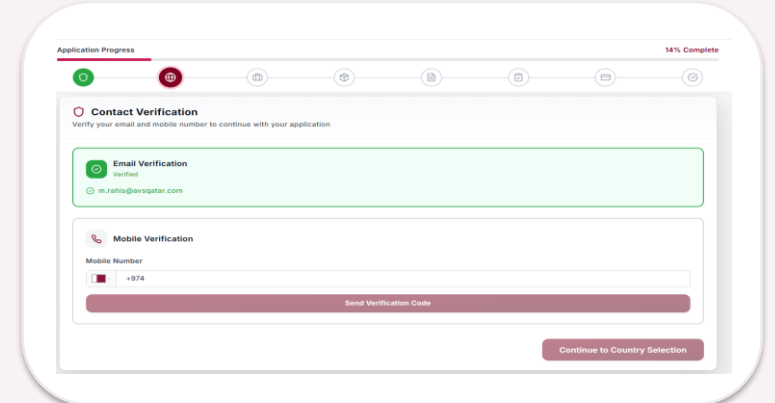
1

Create your AVS account

Enter your email ID and mobile number, verify with OTP, then continue to country selection.



Account / OTP

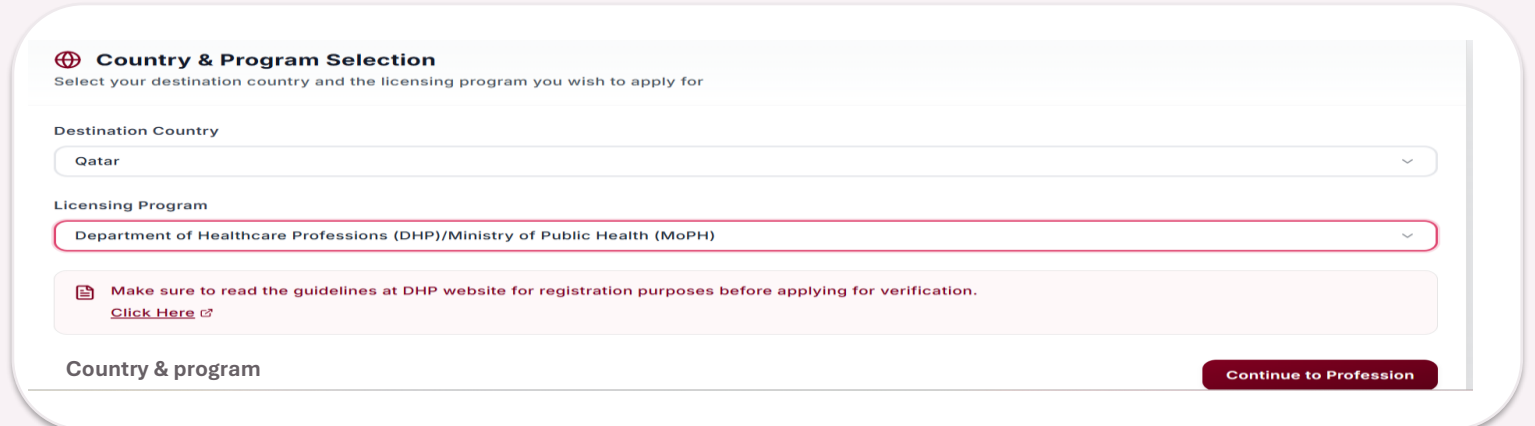


Continue to Country Selection

2

Select pathway

Select the destination country and licensing program, then select your profession.



Country & program

Continue to Profession

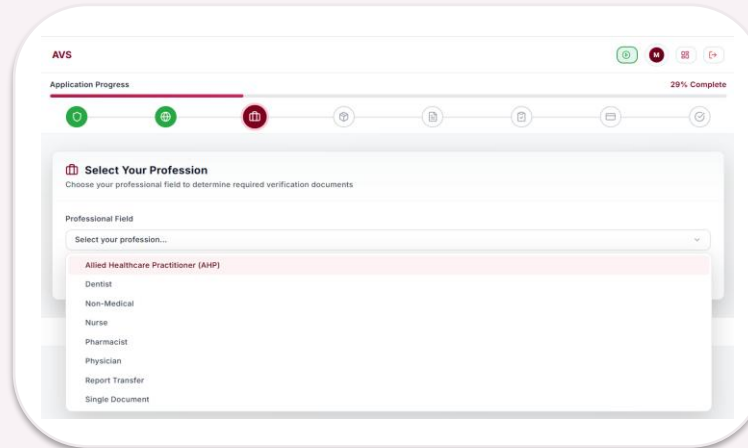
2. Packages

3
Start with identity, destination and profession

3

Choose a package

Select the destination country and licensing program, then select your profession.



AVS

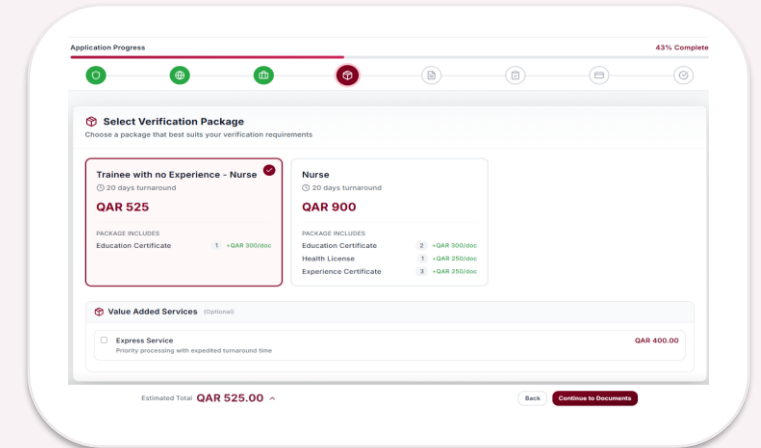
Application Progress 29% Complete

Select Your Profession
Choose your professional field to determine required verification documents

Professional Field

Select your profession...

- Allied Healthcare Practitioner (AHP)
- Dentist
- Non-Medical
- Nurse
- Pharmacist
- Physician
- Report Transfer
- Single Document



AVS

Application Progress 43% Complete

Select Verification Package
Choose a package that best suits your verification requirements

Package	Turnaround	Price
Trainee with no Experience - Nurse	20 days turnaround	QAR 525
Nurse	20 days turnaround	QAR 900

Value Added Services (Optional)

☐ **Express Service**
Priority processing with expedited turnaround time **QAR 400.00**

Estimated Total: **QAR 525.00**

[Back](#) [Continue to Documents](#)

3. Build your verification file

Upload clear copies and complete the mandatory details for each section

1

Passport

Upload a clear, uncut copy.

2

Personal details

Complete document details and save.

3

Education

Upload Degree / Diploma Certificate.

4

Health license

Upload the health license and save.

5

Experience

Upload Experience Certificate and complete details.

Uploading Documents

Passport / Personal Details, Educational Details

1 Passport

Details as per the Passport

1 Applicant Passport

Please upload your passport copy
Required

Click to upload or drag and drop
PDF, JPG, PNG, WebP (max 10MB)

Document Details	
First Name *	Middle Name
Last Name *	Date Of Birth *
	DD MM YYYY
Nationality *	Country Of Birth
Passport Number *	Passport Expiry Date *
	DD MM YYYY
Current Employer Country	
Save Details	

2 Education

Details as per the Education certificate

2 Education Certificate

Education document for verification
Required Package: 1-2

Click to upload or drag and drop
PDF, JPG, PNG, WebP (max 10MB)

Document Details	
University / Issuing Authority Name *	Issuing Authority Address *
Issuing Authority Country *	Qualification Attained *
Issue Date	Conferred Date
DD MM YYYY	DD MM YYYY
Examination / Completion Date *	Degree Completed *
DD MM YYYY	
Mode Of Study *	Period Of Study - From Date *
	DD MM YYYY
Period Of Study - To Date *	Duration Of Program (Years)
DD MM YYYY	
Duration Of Program (Months)	Did You Complete Your Studies At Another Branch Of The Same University?

Tip Check the mandatory requirements before moving forward.

06 | Document

Health License Details, Employment Details

3

Health License

Details as per the Health License

3 Health License

Upload your Health License document

Required Package: 1-1



Click to upload or drag and drop
PDF, JPG, PNG, WebP (max 10MB)

Document Details

License Issuing Authority * 	License Issuing Authority Address *
License Attained * 	License Issuing Authority Country *
License Number * 	License Issue Date * DD MM YYYY
License Expiry Date * DD MM YYYY	

Supporting Files + Add File

Additional Health License (1-QAR 250 each) + Add Another

4

Employment

Details as per the experience

4 Experience Certificate

Upload your Experience Certificate document

Required Package: 1-3



Click to upload or drag and drop
PDF, JPG, PNG, WebP (max 10MB)

Document Details

Employer / Issuing Authority Name * 	Employer Address *
Employer Country * 	Designation *
Department 	Employment Start Date * DD MM YYYY
Still Working 	

Supporting Files + Add File

Additional Experience Certificate (1-QAR 250 each) + Add Another

Tip Check the mandatory requirements before moving forward.

07 | Additional Components (Optional)

Optional Components (Good Standing & Log Book)

These component you can choose by your will as these are not the part of Package.

1

Good Standing

Details as per the Good Standing Certificate

5 Good Standing Certificate

Upload your Good Standing Certificate document

Optional



Click to upload or drag and drop
PDF, JPG, PNG, WebP (max 10MB)

Document Details

Issuing Authority Name *

Enter Issuing Authority Name

Issuing Authority Address *

Enter Issuing Authority Address

Issuing Authority Country *

Select country...

Designation / Role *

Enter Designation / Role

Department

Enter Department

Start Date *

DD

MM

YYYY

End Date *

DD

MM

YYYY

Save Details

Supporting Files

+ Add File

2

Log Book

Details as per the Log Book

6 Log Book

Upload your Log Book document

Optional



Click to upload or drag and drop
PDF, JPG, PNG, WebP (max 10MB)

+ Extra Documents

Upload your additional documents selected in the package step

Log Book

Screenshot (10).png

GAR 250.00

View Remove

Document Details

Issuing Authority Name *

Enter Issuing Authority Name

Issuing Authority Address *

Enter Issuing Authority Address

Issuing Authority Country *

Select country...

Designation / Role *

Enter Designation / Role

Department

Enter Department

Start Date *

DD

MM

YYYY

End Date *

DD

MM

YYYY

Save Details

Tip Check the mandatory requirements before moving forward.

Mandatory fields: the red asterisk matters

The guide notes that fields marked with a red “*” are mandatory

REQUIRED



A red asterisk means the field is mandatory. The system will not allow you to move to the next section until required information is completed.

A simple completion rhythm

- 01 Upload
↓
- 02 Enter details
↓
- 03 Save
↓
- 04 Move to next section

Additional degrees can be added using “Add Another”.

Review before you submit

Treat the review page as your final quality check

Review Application

Please review all information before proceeding to payment

Contact Information

[Edit](#)

Email

m.rahis@avsqatar.com

Mobile

+91 9811203438

Program Details

[Edit](#)

Destination Country

Qatar

Program

Department of Healthcare Professions (DHP)/Ministry of Public Health (MoPH)

Profession

[Edit](#)

Selected Profession

Physician

FINAL CHECK

-  Personal information
-  Education documents
-  Health license
-  Experience certificate
-  Optional documents (if selected)
-  Package details

The guide specifically recommends double-checking the details entered in the portal before proceeding.

Review before you submit

Treat the review page as your final quality check

Package

[Edit](#)

Selected Package

Physicians

Turnaround Time

20 days

Base Price

QAR 1050

Documents

[Edit](#)

Applicant Passport

Uploaded

DOC-20260812071642-pri... 6/9 fields

[View](#) [Expand](#)

First Name *: xyz

Middle Name: Not filled

Last Name *: xyz

Date Of Birth *: 01 Jun 1990

Nationality *: India

Country Of Birth: Not filled

Passport Number *: xyz

Passport Expiry Date *: 17 Nov 2041

Current Employer Country: Not filled

FINAL CHECK

- ✓ Personal information
- ✓ Education documents
- ✓ Health license
- ✓ Experience certificate
- ✓ Optional documents (if selected)
- ✓ Package details

The guide specifically recommends double-checking the details entered in the portal before proceeding.

Review before you submit

Treat the review page as your final quality check

Education Certificate

Uploaded

DOC-20260812074717-pri... 9/19 fields

University / Issuing Authority Name *: xyz

Issuing Authority Country *: India

Issue Date: Not filled

Examination / Completion Date *: 01 Jan 2016

Mode Of Study *: Full Time

Period Of Study - To Date *: 01 Jun 2016

Duration Of Program (Months): Not filled

Branch Name: Not filled

Branch Country: Not filled

Duration Studied At The Branch To: Not filled

Issuing Authority Address *: xyz

Qualification Attained *: xyz

Conferred Date: Not filled

Degree Completed *: Yes

Period Of Study - From Date *: 01 Jan 2012

Duration Of Program (Years): Not filled

Did You Complete Your Studies At Another Branch Of The Same University?: Not filled

Branch City: Not filled

Duration Studied At The Branch From: Not filled

Health License

Uploaded

DOC-20260812073003-pr... 7/7 fields

License Issuing Authority *: xyz

License Attained *: xyz

License Number *: 1445

License Expiry Date *: 01 Jul 2031

License Issuing Authority Address *: xyz

License Issuing Authority Country *: India

License Issue Date *: 01 Jun 2020

FINAL CHECK

- ✓ Personal information
- ✓ Education documents
- ✓ Health license
- ✓ Experience certificate
- ✓ Optional documents (if selected)
- ✓ Package details

The guide specifically recommends double-checking the details entered in the portal before proceeding.

Review before you submit

Treat the review page as your final quality check

Experience Certificate

Uploaded

DOC-20260812073223-pri... 6/8 fields



Employer / Issuing Authority Name*: xyz

Employer Address*: xyz

Employer Country*: India

Designation*: xyz

Department: *Not filled*

Employment Start Date*: 01 Aug 2022

Still Working: Yes

Employment End Date: *Not filled*

FINAL CHECK

-  Personal information
-  Education documents
-  Health license
-  Experience certificate
-  Optional documents (if selected)
-  Package details

The guide specifically recommends double-checking the details entered in the portal before proceeding.

Letter of Authorization

Complete the authorization step before payment

Letter of Authorization

Download, sign, and upload the authorization letter before proceeding to payment

1 Download the Letter of Authorization

A pre-filled letter will be generated with your name. Print and sign it.

 Download LOA

2 Upload the signed Letter of Authorization

Scan or photograph the signed letter and upload it here.

✓ Letter of Authorization uploaded

Letter of Authorization section

AUTHORIZATION FLOW

- 1 Download / access the Letter of Authorization provided by AVS
- 2 Fill in the required information
- 3 Upload the completed document
- 4 Proceed to payment

4. Payment Page

Please make the payment through the available channel

 **Complete Payment**

Secure payment processing for your verification application

Order Summary

Trainee with no Experience - Nurse

QAR 525.00

Total

QAR 525.00

 Secure payment processing

Back

 Proceed to Payment - QAR 525.00

Payment Review

 **APPROVED VERIFICATION SERVICES**

€

EN

Test Mode

< Back

TOTAL AMOUNT
525.00 QAR

MERCHANT REFERENCE NO.
AP2600205

Select a Payment Method

 Apple Pay

 Google Pay

Or Pay Using

 Credit Card

 Sadad Pay

Card Holder Name

Card Number   

Expiry  CVV 

Pay 525.00 QAR

 Payment is Secured with 256 bit SSL encryption (You are safe)

Help Desk : +974-44464666

Privacy Policy | Terms & Conditions

Powered By Sadad

Payment Process

Approved Verification Services (AVS) | DHP – MOPH – Qatar

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One-page checklist

Keep this slide open while completing the portal



Account

Email + mobile → OTP



Pathway

Country → program → profession



Package

Select suitable package + check requirements



Documents

Passport → education → health license
→ experience



Optional

Good Standing / Log Book, if required



Review

Double-check all entered information



Authorization

Complete and upload Letter of Authorization



Payment

Proceed using Card, G Pay or Apple Pay

Need guidance? avsqatar.com

AVS

A CLEARER PATH TO VERIFICATION

Accuracy • Value • Service & Security

Department of Healthcare Professions (DHP)
Ministry of Public Health (MOPH) – State of Qatar

NEXT STEP

**Complete your application
with the checklist on
Slide 17.**

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