

Field Verification Report(FVR)

Sr. No.	Person conducting Field Verification to fill/strike off relevant fields	
1	Business Name	AKSHAYA MEDICALS
2	Customer Name / Customer Code	9401926916
3	Address	D NO 2A BUDDHAR STREETERODE MAIN ROADGOPICHETTIPALAYAM.
4	Name of the Person met	AKSHAYA MEDICALS
5	Designation of the Contacted Person in that Firm	Doctor
6	Address Findings	Address found
7	Business Premises owned or rental	owned
8	Number of years in Business	3
9	Merchant Premises is in residential or commercial building	commercial
10	Nature Of Goods sold or services given at merchant location	Pharmacy
11	Level of Stock/Inventory seen at merchant location (Good/Average/Nominal)	good
12	Number of Employees at the merchant location	3
13	Mswipe Machine/QR seen or not	yes
14	Merchant Neighbour Name	Rahul
15	Neighbour feedback on merchant	Positive
16	Business Premise Size	between 1000 to 1500 sqft

17	Business Board seen (Yes/No)	yes
18	Investigating officials comment/conclusion about address and name board sighted	VISIT CONDUCTED AT THE GIVEN ADDRESS: D NO 2A BUDDHAR STREET, ERODE MAIN ROAD, GOPICHETTIPALAYAM ON DATE 16-04-2025 AT 18:30:10. ADDRESS FOUND AND MET WITH DOCTOR. THEN WE CONNECTED THE CALL WITH APPLICANT. MSWIPE DEVICE SEEN. BUSINESS BOARD NAME SEEN OUTSIDE OF THE BUILDING. THE AREA PREMISES LOCATED IN COMMERCIAL AREA. THE PREMISES SIZE IS BETWEEN 1000 TO 1500 SQFT. THE NEIGHBOUR RAHUL CONFIRMED THE APPLICANT AND PROVIDED POSITIVE FEEDBACK.
19	GPS Location	FC3W+Q92, Gobichettipalayam, Tamil Nadu 638452, India
20	Fv Status	Positive
22	Gist of Discussions	Positive
23	Device Pic	 <p>No.7/1, Eroad Road, opp. SEETHA KALYANA 16-04-2025 06:27:11 pm 11.4544634,77.4461816</p>

24 Name Board



FC3W+Q92, Gobichettipalayam, Tamil Nadu
16-04-2025 06:30:03 pm
11.4544597,77.4461732

25 Inside of the Shop



FC3W+Q92, Gobichettipalayam, Tamil Nadu
16-04-2025 06:28:40 pm
11.4543812,77.4461297

26 Outside of the Shop



No.7/1, Eroad Road, opp. SEETHA KALYAN
16-04-2025 06:28:29 pm
11.4543052,77.4461967

27 Merchant Photo



Important - Mandatory to be filled

1	Date and Time of Visit	16-04-2025 18:30:10
2	Name of the person doing Field Verification(FV)	SATHIYAMOORTHI N
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Anshu
5	* Overall opinion on the account activity.	
5	Reference Number	REF25986

