


## Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	545fd484-fd5a-4cf0-ab76-947260e6f9de
2	Name of customer	Shameemtaj Shaik
3	Address	4-12, Mallelavari stret, Opposite government hospital,Chittoor,Andhra Pradesh,517214
4	Address with Landmark (Address enhancements as the executive reached the shop)	Mallelvari St, Opp Government Hospital
5	Name of Person Met	NA
6	Relationship	NA
7	Ownership of Office	NA
8	If Rented (Monthly Rent (O))	NA
9	Area Locality	Commercial
10	Name Plate / Address plate - Available	No
11	Years at current office	NA
12	Office Type	Shop in Main Market
13	Visit Lat Long	13.6560 , 78.9418
14	Type of Set up	NA
15	Number of Employees	NA
16	Neighbour Check	NA
17	Merchant Name	SHAMEEMTAJ SHAIK
18	Contact Number	7207695316
19	Final Status	Negative

20	Detailed Final Remarks/Comments	WE VISITED THE REGISTERED ADDRESS AT 4-12, MALLELAVARI STRET, OPPOSITE GOVERNMENT HOSPITAL,CHITTOOR,ANDHRA PRADESH,517214 ON 17-04-2025 12:00:56. ADDRESS FOUND. WE COULD NOT MEET ANYONE AT THE LOCATION, AND NO NAME BOARD WAS VISIBLE. THE AREA IS COMMERCIAL PAYTM QR CODE NOT SEEN. NO NAME PLATE SEEN. WE CONNECTED WITH CALL WITH THE APPLICANT BUT DID NOT PICK UP THE CALL. ENQUIRIES MADE FROM THE SURROUNDING AREA CONFIRMED THAT THEY DID NOT KNOW THE APPLICANT.
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21	Shop front photo with full vertical viewpoint i.e; shop board, sealing, entrance, ground on which the shop is established (cemented, pilers, bricks, stands, mud, wheels etc.)	 <p>MW4R+CRF, Pileru, Bodumalluvaripalle, And 17-04-2025 11:57:35 am 13.6559383,78.9417914</p>
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22

Take Photo of Person Met  
Inside the Shop



23

Take Photo of QR  
Code/Soundbox/EDC  
Machine





24

Shop front with horizontal view covering the left & right of the shop establishing if the shop is an individual structure, in a marketplace, highway, isolated place, in a cluster framework.



25

Shop inside with inventory photos establishing that the inside is of the same shop where the front photo was taken



26

Neighbourhood photo of  
the shop**Important - Mandatory to be filled**

1	Date and Time of Visit	17-04-2025 12:00:56
2	Name of the person doing Field Verification(FV)	SOMASEKHAR REDDY KASIREDDY
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Anshu

