

Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	d7a31426-1832-4b47-8127-03ca5e9e6cee
2	Name of customer	Manoj kumar
3	Address	64 , ,Sub Health Centre Finglash ,Phenglas ,India , , Raghpur ,Supaul District,Raghpur,Bihar,852111
4	Address with Landmark (Address enhancements as the executive reached the shop)	airtel tawar
5	Name of Person Met	manoj Kumar
6	Relationship	Self
7	Ownership of Office	Own
8	If Rented (Monthly Rent (O))	
9	Area Locality	Residential
10	Name Plate / Address plate - Available	No
11	Years at current office	More than 3
12	Office Type	Shop in Residential Area
13	Visit Lat Long	26.3151 , 86.8692
14	Type of Set up	Fixed - Semi Pucca
15	Number of Employees	0-2
16	Neighbour Check	positive
17	Merchant Name	MANOJ KUMAR
18	Contact Number	9546472726
19	Final Status	Positive
20	Detailed Final Remarks/Comments	

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.)



8VGG+2X9, Finglash, Bihar 852125, India ...

24-04-2025 07:08:28 pm

26.3184967,86.8733117

22

Take Photo of Person Met
Inside the Shop



8VGG+2X9, Finglash, Bihar 852125, India ...

24-04-2025 07:10:28 pm

26.3150906,86.8692366

23

Take Photo of QR
Code/Sandbox/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.



8VFH+R2R, Finglash, Bihar 852125, India ...

24-04-2025 07:14:04 pm

26.3150906,86.8692366

25

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



8VGG+2X9, Finglash, Bihar 852125, India ...

24-04-2025 07:09:16 pm

26.3150906,86.8692366

26

Neighbourhood photo of the shop



8VFH+R2R, Finglash, Bihar 852125, India ...

24-04-2025 07:15:01 pm

26.3150906,86.8692366



24-04-2025 19:19:13

R001360505

RNFI SERVICES LIMITED

Important - Mandatory to be filled

1	Date and Time of Visit	
2	Name of the person doing Field Verification(FV)	
3	Name of External Agency	
4	Name of Checker for FV Report	