

## Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	66de8dba-686e-4994-9949-8e91061b217f
2	Name of customer	na
3	Address	Shop no 1 jai bholenath apartment diva east, Diwa shil road diea east, Chauhan hospital,Mumbai,Maharashtra,400612
4	Address with Landmark (Address enhancements as the executive reached the shop)	shree Satyam jewellers
5	Name of Person Met	na
6	Relationship	shop closed
7	Ownership of Office	Own
8	If Rented (Monthly Rent (O))	
9	Area Locality	Commercial
10	Name Plate / Address plate - Available	Yes
11	Years at current office	2
12	Office Type	Shop in Main Market
13	Visit Lat Long	19.1872 , 73.0417
14	Type of Set up	Fixed - Pucca
15	Number of Employees	0-2
16	Neighbour Check	Shop closed
17	Merchant Name	ANIL PRAKASH GUPTA
18	Contact Number	9769487598
19	Final Status	Negative
20	Detailed Final Remarks/Comments	
21	GPS Location	Shop No.5, Shri Swami Samarth Dham, Mumbra Devi Rd, Diva ( E ), Samdhan Nagar, Sadguru Nagar, Diva, Thane, Maharashtra 400612, India

22

Take Photo if Name Plate  
/ Address plate –  
Available



23

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.)



24

Take Photo of Person Met  
Inside the Shop



25

Take Photo of QR  
Code/Soundbox/EDC  
Machine





26

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.



Shop No.5, Shri Swami Samarth Dham, ...  
15-05-2025 02:54:52 PM  
19.1871537, 73.0417635

27

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



Shop No.5, Shri Swami Samarth Dham, ...  
15-05-2025 02:54:07 PM  
19.187133, 73.0417341

28

Neighbourhood photo of  
the shop

Shop No.5, Shri Swami Samarth Dham, ...  
15-05-2025 02:55:03 PM  
19.187153, 73.0417484

**Important - Mandatory to be filled**

1	Date and Time of Visit	15-05-2025 14:55:22
2	Name of the person doing Field Verification(FV)	R00225374
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	

