

Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	0163f049-70ba-4ab3-aa28-fb39876fda59
2	Name of customer	mutak mubarak shaikh
3	Address	20 ,AHM MD 34 ,Sai Dental Clinic ,Ayodya Kwalni ,India , , Shrirampur ,Ahilyanagar District,AHMEDNAGAR,Maharashtra,413715
4	Address with Landmark (Address enhancements as the executive reached the shop)	ayodhya colony
5	Name of Person Met	ajit
6	Relationship	positive
7	Ownership of Office	Rented
8	If Rented (Monthly Rent (O))	3000
9	Area Locality	Commercial
10	Name Plate / Address plate - Available	No
11	Years at current office	1
12	Office Type	Shop in Main Market
13	Visit Lat Long	19.5716 , 74.6483
14	Type of Set up	Fixed - Semi Pucca
15	Number of Employees	0-2
16	Neighbour Check	positive
17	Merchant Name	MUSTAK MUBARAK SHAIKH
18	Contact Number	9665518841
19	Final Status	Positive
20	Detailed Final Remarks/Comments	
21	GPS Location	HJCX+G3R, Belapur, Belapur Bk., Maharashtra 413715, India

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/Sandbox/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.



27

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



28

Neighbourhood photo of the shop



Important - Mandatory to be filled

1	Date and Time of Visit	23-05-2025 10:51:34
2	Name of the person doing Field Verification(FV)	R001343247

3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	

