

## Field Verification Report(FVR)

| Sr. No. | Question   | Answer  |
|---------|--|---|
| 1       | Order Number/ Case Identifier  | ff49497f-1eb7-4b44-95c3-feabc83e370f  |
| 2       | Name of customer   | Rajkumar Gudepu   |
| 3       | Address  | 20 Zila Parishad High School Chelpur Papaiahpalle India, , Ghanpur Mulug Jayashankar Bhupalpally District,Jayashankar Bhupalpally District,Telangana,506168 |
| 4       | Address with Landmark (Address enhancements as the executive reached the shop) | na  |
| 5       | Name of Person Met   | na  |
| 6       | Relationship   | Self  |
| 7       | Ownership of Office  | Parental  |
| 8       | If Rented (Monthly Rent (O))   |   |
| 9       | Area Locality  | Residential   |
| 10      | Name Plate / Address plate - Available   | No  |
| 11      | Years at current office  | 1   |
| 12      | Office Type  | Shop in Residential Area  |
| 13      | Visit Lat Long   | 18.3235 , 79.6938   |
| 14      | Number of Employees  | 0-2   |
| 15      | Neighbour Check  | not interested  |
| 16      | Merchant Name  | RAJ KUMAR GUDEPU  |
| 17      | Contact Number   | 7095227514  |
| 18      | Final Status   | Negative  |
| 19      | Detailed Final Remarks/Comments  |   |
| 20      | GPS Location   | Unnamed Road, Thirmalapur, Telangana 506356, India  |

22

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.)



23

Take Photo of Person Met  
Inside the Shop



24

Take Photo of QR  
Code/Soundbox/EDC  
Machine



25

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.



Unnamed Road, Thirmalapur, Telangana 506

31-05-2025 10:35:05 AM

18.3235377,79.6937769

26

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



27

Neighbourhood photo of the shop

**Important - Mandatory to be filled**

|   |   |                       |
|---|---|-----------------------|
| 1 | Date and Time of Visit                          | 31-05-2025 10:36:05   |
| 2 | Name of the person doing Field Verification(FV) | NERELA SREEKANTH      |
| 3 | Name of External Agency                         | RNFI SERVICES LIMITED |
| 4 | Name of Checker for FV Report                   |                       |

