

Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	568e40d5-6741-41c9-9b3c-16f70f5be28b
2	Name of customer	GAGAN
3	Address	Shree ram medical store, Deoband,,SAHARANPUR,Uttar Pradesh,247554
4	Address with Landmark (Address enhancements as the executive reached the shop)	saini chauraya
5	Name of Person Met	GAGAN
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	2
12	Office Type	Shop in Residential Area
13	Visit Lat Long	29.6403 , 77.5954
14	Number of Employees	0-2
15	Neighbour Check	Positive
16	Merchant Name	GAGAN
17	Contact Number	9149231286
18	Final Status	Positive

19	Detailed Final Remarks/Comments	VISIT CONDUCTED AT SHREE RAM MEDICAL STORE, DEOBAND,,SAHARANPUR,UTTAR PRADESH,247554 ON 05-06-2025 19:19:49.ADDRESS FOUND, AND THE APPLICANT, GAGAN WAS MEET. HE CONFIRMED THAT HE HAS BEEN RUNNING A MEDICAL SHOP AT THE LOCATION FOR 2 YEARS, 0-2 EMPLOYEES WERE PRESENT AT THE SHOP. A PAYTM QR CODE WAS OBSERVED. THE AREA IS RESIDENTIAL. LOCAL INQUIRIES CONFIRMED THAT THE APPLICANT IS KNOWN IN THE AREA. NO SPACE TO CAPTURE THE FRONT IMAGES PROPERTY, THE STREET ARE NARROW.
20	GPS Location	JHQR+GRC, Jakhvala Mu., Uttar Pradesh 247554, 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.)	 <p>JHQR+GRC, Jakhvala Mu., Uttar Pradesh 05-06-2025 07:17:47 pm 29.6412705,77.5911341</p>
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23

Take Photo of Person Met
Inside the Shop



24

Take Photo of QR
Code/Sandbox/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.



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	05-06-2025 19:19:49
2	Name of the person doing Field Verification(FV)	SHIV KUMAR
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Neeraj Anand

