

Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	55e071f4-762d-4af8-b442-7fdccda8aaec
2	Name of customer	KOMAL RUIYA
3	Address	Bartansil, , Khariar Road Nuapada Southern Division,Nuapada,Odisha,766104
4	Address with Landmark (Address enhancements as the executive reached the shop)	Bartansil, , Khariar Road Nuapada Southern Division,Nuapada,Odisha,766104
5	Name of Person Met	KOMAL RUIYA
6	Relationship	Self
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	More than 3
12	Office Type	Shop in Main Market
13	Visit Lat Long	20.9010 , 82.5090
14	Number of Employees	0-2
15	Neighbour Check	Positive
16	Merchant Name	KOMAL RUIYA
17	Contact Number	8249336866
18	Final Status	Positive

19	Detailed Final Remarks/Comments	VISIT CONDUCTED AT BARTANSIL, , KHARIAR ROAD NUAPADA SOUTHERN DIVISION,NUAPADA,ODISHA,766104 ON 09-06-2025 18:10:27.ADDRESS FOUND, AND THE APPLICANT, KOMAL RUIYA MET. HE CONFIRMED THAT HE HAS BEEN RUNNING A WORSHIP ITEM SHOP AT THE LOCATION FOR MORE THAN 3 YEARS, APPLICANT WAS PRESENT AT THE SHOP. A PAYTM QR CODE WAS OBSERVED. THE AREA IS COMMERCIAL. LOCAL INQUIRIES CONFIRMED THAT THE APPLICANT IS KNOWN IN THE AREA.
20	GPS Location	WG25+GM4, Bartansil, Amsena, Baniyatora, Odisha 766104, India

21	Take Photo if Name Plate / Address plate – Available	
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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.)	
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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	09-06-2025 18:10:27
2	Name of the person doing Field Verification(FV)	R001308493
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Anuj Sharma

