

## Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	4d670f9e-608b-4e6f-947a-35acc3c26c7b
2	Name of customer	RAMALAKSHMI DOSAPATNI
3	Address	Sri Lakshmi fruits and juice centre, Government hospital, Government hospital,VISAKHAPATANAM,Andhra Pradesh,531116
4	Address with Landmark (Address enhancements as the executive reached the shop)	near government hospital near police station
5	Name of Person Met	RAMALAKSHMI
6	Relationship	Self
7	Ownership of Office	Rented
8	If Rented (Monthly Rent (O))	5000
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	17.6722 , 82.6116
14	Number of Employees	0-2
15	Neighbour Check	customer available met
16	Merchant Name	RAMALAKSHMI DOSAPATNI
17	Contact Number	7659927421
18	Final Status	Positive
19	Detailed Final Remarks/Comments	
20	GPS Location	MJF6+486, Narsipatnam, Andhra Pradesh 531116, India

21

Take Photo if Name Plate  
/ Address plate –  
Available



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.)



MJF6+486, Narsipatnam, Andhra Pradesh 53  
02-07-2025 05:16:03 PM  
17.6721795,82.611542  
Pincode : 531116

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.



MJF6+486, Narsipatnam, Andhra Pradesh 53  
02-07-2025 05:17:49 PM  
17.6722185,82.6115595  
Pincode : 531116

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



MJF6+486, Narsipatnam, Andhra Pradesh 53  
02-07-2025 05:16:27 PM  
17.6722198,82.611555  
Pincode : 531116



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Neighbourhood photo of  
the shop



**Important - Mandatory to be filled**

1	Date and Time of Visit	02-07-2025 17:39:13
2	Name of the person doing Field Verification(FV)	R001396157
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	

