

Field Verification Report(FVR)

| Sr. No. | Question | Answer |
|---------|--|---|
| 1 | Order Number/ Case Identifier | f51416b9-92b3-46c6-8f7a-f1e8ecfba681 |
| 2 | Name of customer | RAJESH KUMAR RAI |
| 3 | Address | Indramil, Bhadohi, Indramil Jeevan deep hospital,Bhadohi,Uttar Pradesh,221401 |
| 4 | Address with Landmark (Address enhancements as the executive reached the shop) | bhadohi |
| 5 | Name of Person Met | Rajesh kumar Rai |
| 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 | More than 3 |
| 12 | Office Type | Shop in Residential Area |
| 13 | Visit Lat Long | 25.3888 , 82.5918 |
| 14 | Number of Employees | 0-2 |
| 15 | Neighbour Check | positive |
| 16 | Merchant Name | RAJESH KUMAR RAI |
| 17 | Contact Number | 9140035575 |
| 18 | Final Status | Positive |
| 19 | Detailed Final Remarks/Comments | |
| 20 | GPS Location | 9HQR+PV6, Amrauna, Bhadohi Nagar Palika, Uttar Pradesh 221409, 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.



| | | |
|----|--|---|
| 26 | Shop inside with inventory photos establishing that the inside is of the same shop where the front photo was taken |  <p>9HOB+MRP Amrauna, Bhadohi Nagar Palika 09-07-2025 05:41:08 pm 25.3894853,82.5914982 Pincode : 221409</p> |
| 27 | Neighbourhood photo of the shop |  <p>9HOB+PV6 Amrauna, Bhadohi Nagar Palika 09-07-2025 05:42:43 pm 25.3887982,82.5917731 Pincode : 221409</p> |

Important - Mandatory to be filled

| | | |
|---|---|-----------------------|
| 1 | Date and Time of Visit | 09-07-2025 17:44:09 |
| 2 | Name of the person doing Field Verification(FV) | R001308624 |
| 3 | Name of External Agency | RNFI SERVICES LIMITED |
| 4 | Name of Checker for FV Report | |

