

Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	a8e500c4-6058-462d-9944-eaca1a5cb304
2	Name of customer	RAJ KUMAR GUPTA
3	Address	Picnic Ice Cream Parlour And Gift Shop, A.P.COLONY,Asha Singh More, Bihar Medical,GAYA,Bihar,823001
4	Address with Landmark (Address enhancements as the executive reached the shop)	bihar medical
5	Name of Person Met	RAJ KUMAR GUPTA
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	1
12	Office Type	Shop in Main Market
13	Visit Lat Long	24.7878 , 84.9848
14	Number of Employees	0-2
15	Neighbour Check	Positive
16	Merchant Name	RAJ KUMAR GUPTA
17	Contact Number	9934972994
18	Final Status	Positive

19	Detailed Final Remarks/Comments	VISIT CONDUCTED AT PICNIC ICE CREAM PARLOUR AND GIFT SHOP, A.P.COLONY,ASHA SINGH MORE, BIHAR MEDICAL,GAYA,BIHAR,823001 ON 10-07-2025 19:26:09.ADDRESS FOUND, AND THE APPLICANT, RAJ KUMAR GUPTA WAS MEET. HE CONFIRMED THAT HE HAS BEEN RUNNING A GENERAL STORE AT THE LOCATION FOR 1 YEARS, 0-2 EMPLOYEES WERE 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	Asha Singh More, A P Colony, Gaya, Bihar 823001, 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.)



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	10-07-2025 19:26:09
2	Name of the person doing Field Verification(FV)	R001394021

3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Neeraj Anand

