

## Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	53343da3-6ebd-4228-9914-66e558427814
2	Name of customer	NITESH GUPTA
3	Address	12, Madhavgarh,,SATNA,Madhya Pradesh,485001
4	Address with Landmark (Address enhancements as the executive reached the shop)	infront of Shyam Medical Store
5	Name of Person Met	Nitesh Gupta
6	Relationship	Self
7	Ownership of Office	Rented
8	If Rented (Monthly Rent (O))	3500
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	24.5619 , 80.9104
14	Number of Employees	0-2
15	Neighbour Check	Positive
16	Merchant Name	NITESH GUPTA
17	Contact Number	8461814070
18	Final Status	Positive

19	Detailed Final Remarks/Comments	VISIT CONDUCTED AT 12, MADHAVGARH,,SATNA,MADHYA PRADESH,485001 ON 18-07-2025 18:29:06.ADDRESS FOUND, AND THE APPLICANT, NITESH GUPTA WAS MEET. HE CONFIRMED THAT HE HAS BEEN RUNNING A GIFT SHOP AT THE LOCATION FOR 1 YEARS, WITH A MONTHLY RENT OF RS. 3500. APPLICANT WAS PRESENT AT THE SHOP. GIVEN NUMBER AND BUSINESS NAME DIFFERENT ON THE NAME BOARD, A PAYTM QR CODE WAS OBSERVED. THE AREA IS COMMERCIAL. LOCAL INQUIRIES CONFIRMED THAT THE APPLICANT IS KNOWN IN THE AREA.
20	GPS Location	HW66+P57, Madhavgarh, Madhawgdfa, Madhya Pradesh 485113, India

21	Take Photo if Name Plate / Address plate – Available	
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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.)



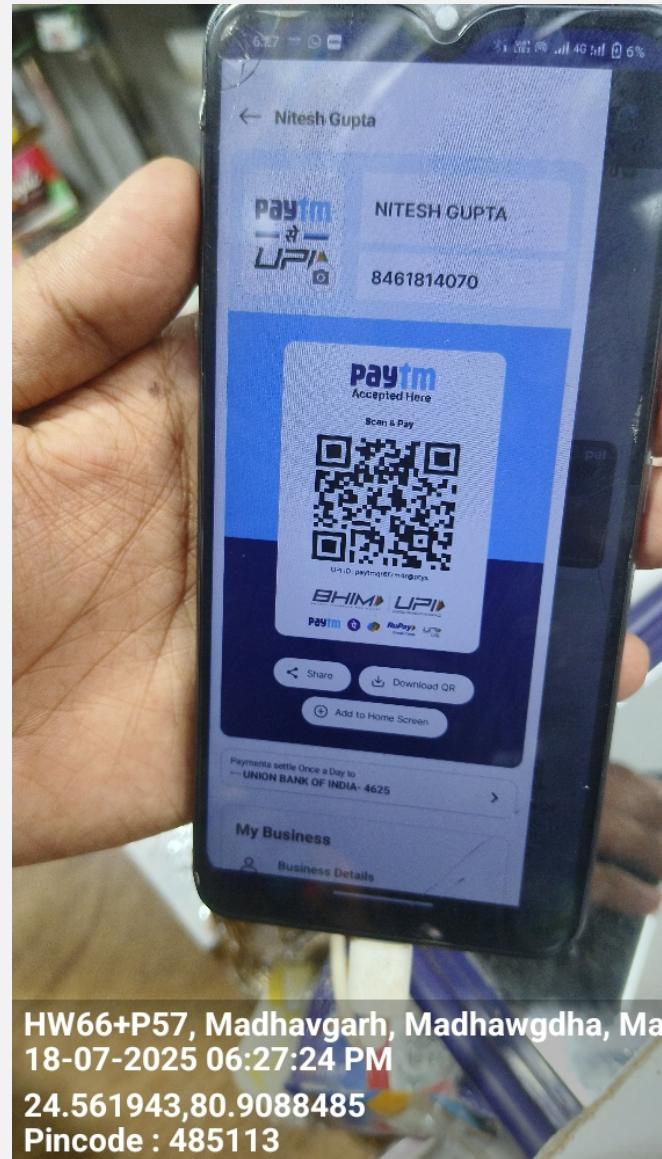
23

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	18-07-2025 18:29:06
2	Name of the person doing Field Verification(FV)	R001303150
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Anuj Sharma

