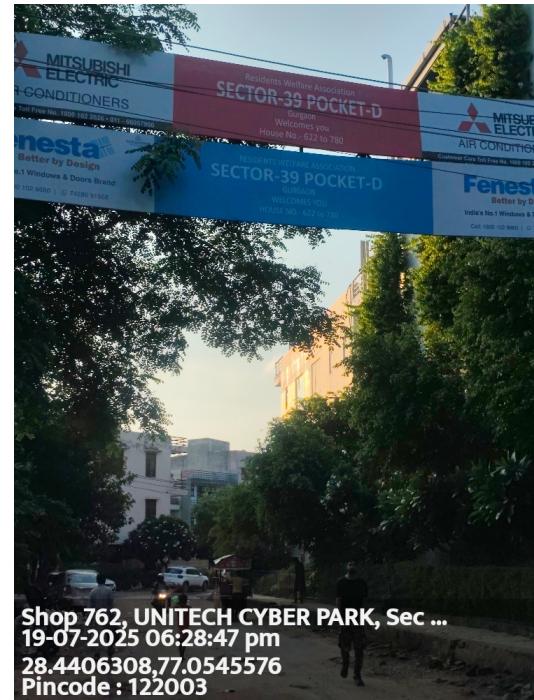


**PERSON CONDUCTING FIELD VERIFICATION TO FILL/STRIKE OFF RELEVANT FIELDS**

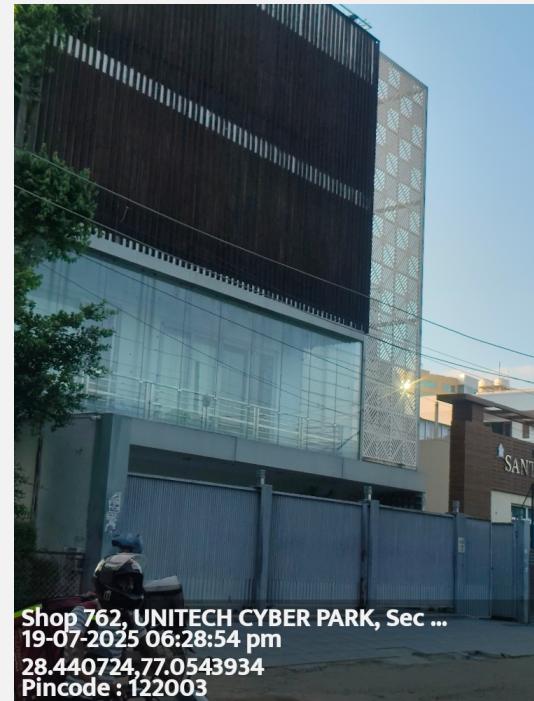
|    |                                      |  |
|----|--------------------------------------|--|
| 1  | Application Id                       | aAhOS00000EPaIA0AT   |
| 2  | Customer Name                        | Kumar Sharma Gajendra  |
| 3  | Address                              | 648P sector 39 Gurugram , Near UTC Park+Sector 39+Haryana+122001 |
| 4  | Contact Number                       | 9783623342   |
| 5  | Pincode                              | Haryana 122003   |
| 6  | Address Confirmed                    | No   |
| 7  | OCL Range                            | Local  |
| 8  | Name of Person Met                   | gajendra   |
| 9  | Landmark                             | sec 39   |
| 10 | Ease to Locate Address               | Medium   |
| 11 | Residence/Office Locked During Visit | Yes  |
| 12 | Contact Number of Person Met         | 9783623342   |
| 13 | Stay Confirmation                    | No   |
| 14 | CPV Status                           | Negative   |
| 15 | Remarks                              | Customer Not Available   |
| 16 | Negative Area Tag                    | Yes  |
| 17 | Verification Type                    | Residential  |
| 18 | Latitude                             | 28.4407125   |
| 19 | Longitude                            | 77.0544963   |
| 20 | Case Id                              | 37641  |
| 21 | Date Of Report                       | 2025-07-19   |
| 22 | Time Of Report                       | 18:30:37   |

|    |                    |            |
|----|--------------------|------------|
| 23 | Date of Allocation | 2025-07-12 |
| 24 | Time of Allocation | 15:26:21   |

25 residence\_photo\_with\_name\_plate



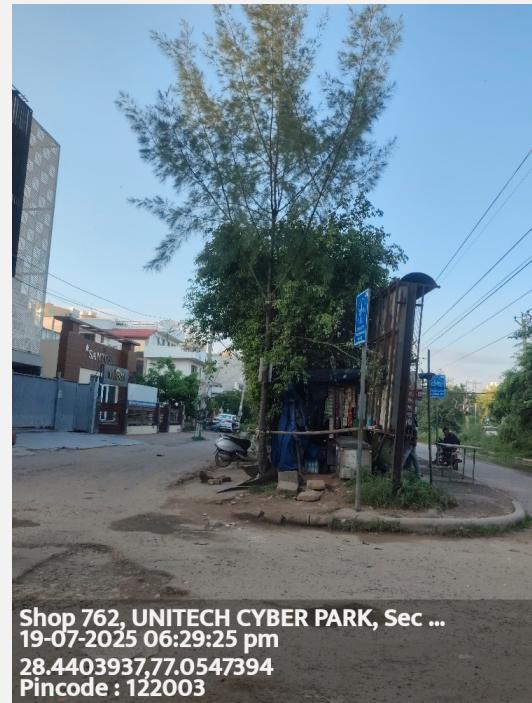
26 residence\_photo\_with\_applicant

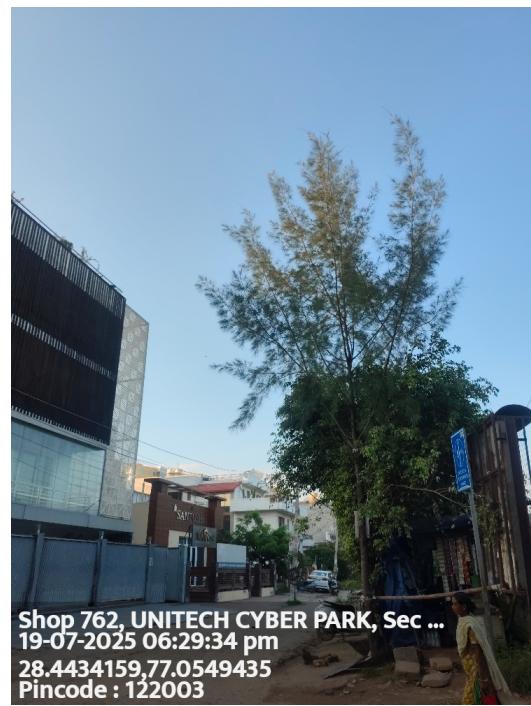


27 residence\_photo\_with\_agent



28 residence\_photo\_with\_inside\_household



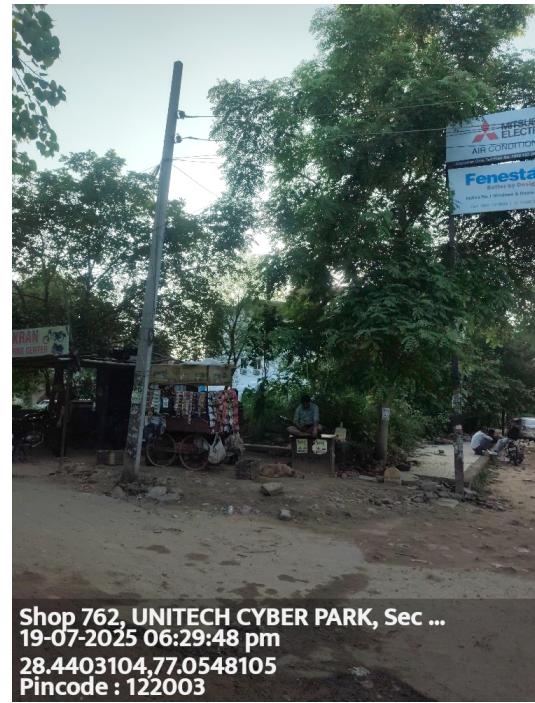


29 residence\_photo\_outside



30 Photo with Agent

31 Photo of ID Proof



#### Important - Mandatory to be filled

|   |   |                       |
|---|---|-----------------------|
| 1 | Date and Time of Visit                          | 19-07-2025 18:30:37   |
| 2 | Name of the person doing Field Verification(FV) |                       |
| 3 | Name of External Agency                         | RNFI SERVICES LIMITED |
| 4 | Name of Checker for FV Report                   |                       |

