

## Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	a86bf531-c2fe-47c1-bc8d-d39ec7a8f22c
2	Name of customer	SATISH GUPTA
3	Address	41/2 sawliya nath mandir ke pass, Soyat kalan, Soyat kalan, AGAR MALWA, Madhya Pradesh, 465449
4	Address with Landmark (Address enhancements as the executive reached the shop)	soyat Kala
5	Name of Person Met	SATISH GUPTA
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	3
12	Office Type	Shop in Main Market
13	Visit Lat Long	24.1879, 76.1732
14	Number of Employees	0-2
15	Neighbour Check	Positive
16	Merchant Name	SATISH GUPTA
17	Contact Number	7000460801
18	Final Status	Positive

19	Detailed Final Remarks/Comments	VISIT CONDUCTED AT 41/2 SAWLIYA NATH MANDIR KE PASS, SOYAT KALAN, SOYAT KALAN, AGAR MALWA, MADHYA PRADESH, 465449 ON 25-07-2025 14:00:11. ADDRESS FOUND, AND THE APPLICANT, SATISH GUPTA WAS MEET. HE CONFIRMED THAT HE HAS BEEN RUNNING A DISPOSAL ITEM SHOP AT THE LOCATION FOR 3 YEARS, APPLICANT WAS PRESENT AT THE SHOP. NO NAME BOARD SEEN, A PAYTM QR CODE WAS OBSERVED. BUSINESS WAS DIFFERENT FROM THE GIVEN DETAILS, THE AREA IS RESIDENTIAL. LOCAL INQUIRIES CONFIRMED THAT THE APPLICANT IS KNOWN IN THE AREA.
20	GPS Location	55QF+37P, Soyat Kalan, Madhya Pradesh 465449, 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.)	
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23

Take Photo of Person Met Inside the Shop



24

Take Photo of QR  
Code/Sandbox/EDC  
Machine



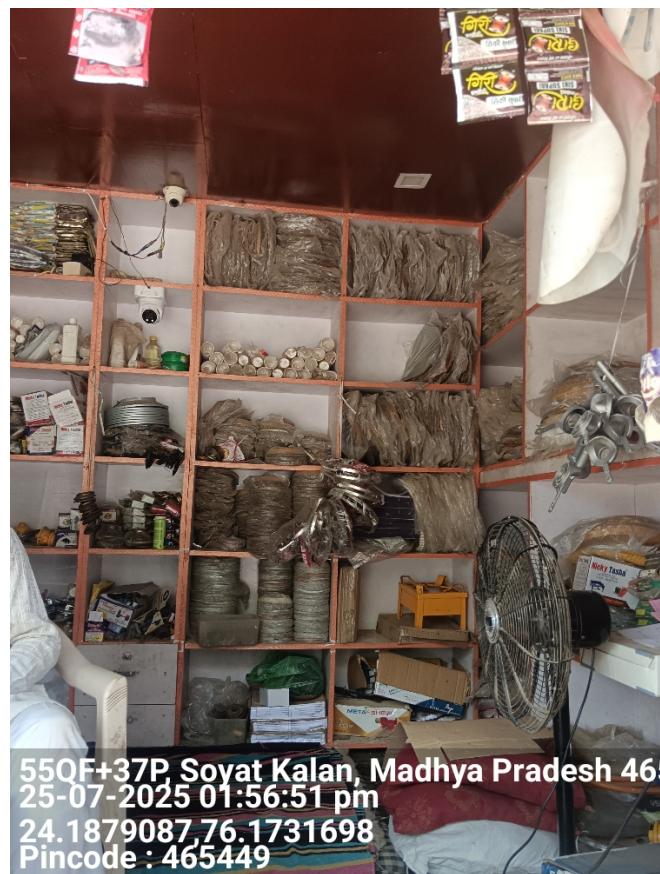
25

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	25-07-2025 14:00:11
2	Name of the person doing Field Verification(FV)	GHANSHYAM
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Anuj Sharma

