

Field Verification Report(FVR)

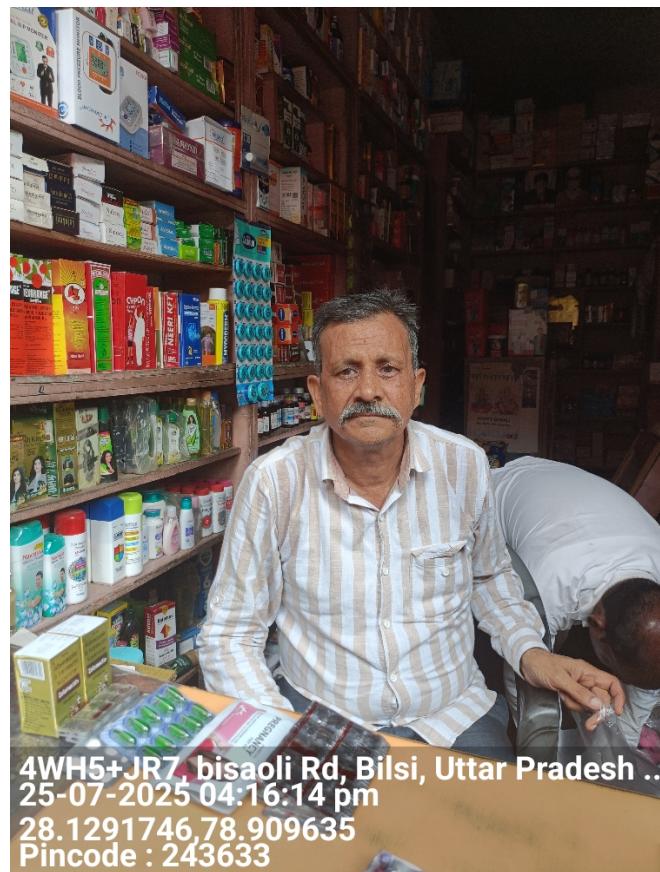
Sr. No.	Question	Answer
1	Order Number/ Case Identifier	aaed8fe0-ab85-4a6c-a75e-bba551ede191
2	Name of customer	MUKESH RATHI
3	Address	Rathi madical, Atul chuk, Atal chowk,BUDAUN,Uttar Pradesh,243633
4	Address with Landmark (Address enhancements as the executive reached the shop)	Rathi madical, Atul chuk, Atal chowk,BUDAUN,Uttar Pradesh,243633
5	Name of Person Met	MUKESH RATHI
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	More than 3
12	Office Type	Shop in Main Market
13	Visit Lat Long	28.1292 , 78.9096
14	Number of Employees	2-5
15	Neighbour Check	Positive
16	Merchant Name	MUKESH RATHI
17	Contact Number	8909416777
18	Final Status	Positive

19	Detailed Final Remarks/Comments	VISIT CONDUCTED AT RATHI MEDICAL, ATUL CHUK, ATAL CHOWK, BUDAUN, UTTAR PRADESH, 243633 ON 25-07-2025 16:18:19. ADDRESS FOUND, AND THE APPLICANT, MUKESH RATHI WAS MEET. HE CONFIRMED THAT HE HAS BEEN RUNNING A MEDICAL SHOP AT THE LOCATION FOR MORE THAN 3 YEARS, 2-5 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	4WH5+JR7, bisaoli Rd, Bilsi, Uttar Pradesh 243633, India

21	Take Photo if Name Plate / Address plate – Available	
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



27

Neighbourhood photo of the shop



Important - Mandatory to be filled

1	Date and Time of Visit	25-07-2025 16:18:19
2	Name of the person doing Field Verification(FV)	AJAY PAL
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Neeraj Anand

