

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

|    |                   |   |
|----|-------------------|---|
| 1  | Application Id    | 00QOS00000JJTRb2AP  |
| 2  | Merchant Db Name  | Om Medical Shop   |
| 3  | Customer Name     | Om Medical Shop   |
| 4  | Address           | Mararkhas, Vijaipur, Gopalganj, Bihar 841508 India, GOPAL GANJ, BIHAR, 841508   |
| 5  | Contact Number    | 7250518181  |
| 6  | Pincode           | Bihar 841508  |
| 7  | OCL Range         | Local   |
| 8  | CPV Status        | Negative  |
| 9  | Remarks           | Customer not available  |
| 10 | Verification Type | Commercial  |
| 11 | Latitude          | 26.4683615  |
| 12 | Longitude         | 83.9921942  |
| 13 | Case Id           | 42966   |
| 14 | Date Of Report    | 2025-08-06  |
| 15 | Time Of Report    | 12:58:03  |
| 16 | Io Comment        | WE VISITED THE REGISTERED ADDRESS AT MARARKHAS, VIJAIPUR, GOPALGANJ, BIHAR 841508 INDIA, GOPAL GANJ, BIHAR, 841508 ON 06-08-2025 12:58:03. WE COULD NOT MEET ANYONE AT THE LOCATION, AND NO NAME BOARD WAS VISIBLE AND OUR PHONE , , WHO IS , . THE NEIGHBOURS FEEDBACK ARE . |

|    |                    |            |
|----|--------------------|------------|
| 17 | Date of Allocation | 2025-08-05 |
| 18 | Time of Allocation | 11:53:26   |

19

Inside Shop Photo



20

Shop Photo with  
Applicant





21

Shop Photo with  
Business Board



22

Photo of Stock



23

Photo with UPI  
Scanner





24

Photo of Outside  
Shop



25

Photo of Machinery  
Setup







27

Photo with Agent





28

Photo of ID Proof

**Important - Mandatory to be filled**

|   |   |  |
|---|---|--|
| 1 | Date and Time of Visit                          | 06-08-2025 12:58:03                        |
| 2 | Name of the person doing Field Verification(FV) |  |
| 3 | Name of External Agency                         | RNFI SERVICES<br>LIMITED00QOS00000JJTRb2AP |
| 4 | Name of Checker for FV Report                   | Super Admin Neetu                          |

