

Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	3101da89-941f-4dc6-bbfa-83b821132b08
2	Name of customer	ANJALI BHAVESH JAIN
3	Address	1 Roked complex jamtha, Opp NCI hospital, Jamtha road, Butibori, Maharashtra, 441108
4	Address with Landmark (Address enhancements as the executive reached the shop)	NCI Hospital
5	Name of Person Met	ANJALI BHAVESH JAIN
6	Relationship	Self
7	Ownership of Office	Rented
8	If Rented (Monthly Rent (O))	6000
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	21.0204, 79.0340
14	Number of Employees	0-2
15	Neighbour Check	Positive
16	Merchant Name	ANJALI BHAVESH JAIN
17	Contact Number	8390499442
18	Final Status	Positive

19	Detailed Final Remarks/Comments	VISIT CONDUCTED AT 1 ROKED COMPLEX JAMTHA, OPP NCI HOSPITAL, JAMTHA ROAD, BUTIBORI, MAHARASHTRA, 441108 ON 19-08-2025 17:54:21. ADDRESS FOUND, AND THE APPLICANT, ANJALI BHAVESH JAIN WAS MEET. SHE CONFIRMED THAT SHE HAS BEEN RUNNING A GENERAL STORE AT THE LOCATION FOR MORE THAN 3 YEARS, WITH A MONTHLY RENT OF RS. 6000. A PAYTM QR BOX WAS OBSERVED. THE AREA IS COMMERCIAL. LOCAL INQUIRIES CONFIRMED THAT THE APPLICANT IS KNOWN IN THE AREA.
20	GPS Location	22FP+XC, Jamtha, Maharashtra 441122, 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/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	19-08-2025 17:54:21
2	Name of the person doing Field Verification(FV)	ANAND UMAKANT PATHAK
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Anuj Sharma

