

Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	742e18ab-9740-4b02-986b-b2e0e6f66855
2	Name of customer	MANOJ KUMAR
3	Address	Opposite makhija medical store road tajpur road sec 32 ludhiana , Ludhiana , Oppo Makhiya medical store,LUDHIANA,Punjab,141007,-
4	Address with Landmark (Address enhancements as the executive reached the shop)	Tajpur Road
5	Name of Person Met	Manoj Kumar
6	Relationship	Self
7	Ownership of Office	Own
8	If Rented (Monthly Rent (O))	
9	Area Locality	Residential
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	30.9169 , 75.9010
14	Number of Employees	0-2
15	Neighbour Check	positive
16	Merchant Name	MANOJ KUMAR
17	Contact Number	9981238047
18	Final Status	Positive
19	Detailed Final Remarks/Comments	
20	GPS Location	5530, Bholla Colony, Sector 32A, Ludhiana, Punjab 141008, 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.



5530, Bholla Colony, Sector 32A, Ludhiana, ...

29-01-2026 12:37:47 pm

30.9169457,75.9010362

Pincode : 141008

26

Shop inside with inventory photos establishing that the inside is of the same shop where the front photo was taken



29926, Bholla Colony, Sector 32A, Ludhiana, ...

29-01-2026 12:37:05 pm

30.9169462,75.9011122

Pincode : 141008

27

Neighbourhood photo of the shop



5530, Bholla Colony, Sector 32A, Ludhiana, ...

29-01-2026 12:37:55 pm

30.9169457,75.9010362

Pincode : 141008



29-01-2026 12:38:33

R001395389

RNFI SERVICES LIMITED

Important - Mandatory to be filled

1	Date and Time of Visit	
2	Name of the person doing Field Verification(FV)	
3	Name of External Agency	
4	Name of Checker for FV Report	