

Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	654591b0-d9e5-4064-aaa7-8a9dfc3b2ebd
2	Name of customer	ALLARI KESHAVARDHAN GOUD
3	Address	Keshavardhan, Shakapoor,WANAPARTHY,Telangana,509382
4	Address with Landmark (Address enhancements as the executive reached the shop)	Shakapur
5	Name of Person Met	ALLARI KESHAVARDHAN GOUD
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	More than 3
12	Office Type	Shop in Residential Area
13	Visit Lat Long	16.5556 , 77.9548
14	Number of Employees	0-2
15	Neighbour Check	Positive
16	Merchant Name	ALLARI KESHAVARDHAN GOUD
17	Contact Number	7036181011
18	Final Status	Positive

19	Detailed Final Remarks/Comments	WE VISITED THE REGISTERED ADDRESS AT KESHAVARDHAN, SHAKAPOOR, WANAPARTHY, TELANGANA, 509382 ON 31-01-2026 12:48:50. ADDRESS FOUND. , AND THE APPLICANT, ALLARI KESHAVARDHAN GOUD WAS MET AT THE LOCATION. NATURE OF BUSINESS IS AUTO DRIVER. HE CONFIRMED THAT HE HAS BEEN RUNNING THE BUSINESS AT THE LOCATION FOR MORE THAN 3 YEARS. THE AREA IS RESIDENTIAL. THE PREMISE TYPE IS OWN. A PAYTM PAYMENT QR CODE SEEN AT THE LOCATION. ENQUIRIES MADE FROM THE SURROUNDING AREA CONFIRMED THAT THEY KNOW THE APPLICANT.
20	GPS Location	Shop N0-1-2, Near, Main Road, Shakhapur, Telangana 509382, 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.)



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	
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Important - Mandatory to be filled		
1	Date and Time of Visit	31-01-2026 12:48:50
2	Name of the person doing Field Verification(FV)	DAMA ASHOK
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Rajesh Massey

