

PERSON CONDUCTING FIELD VERIFICATION TO FILL/STRIKE OFF RELEVANT FIELDS

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|----|-------------------|---|
| 1 | Application Id | 00QOW00000d4qCs2AI |
| 2 | Customer Name | Past control |
| 3 | Address | S/O Bhikkee Singh, Village- Bichoula, House No-198, Near by- Ganga Medical Store, City khurja, Post- Bichoula, District- Bulandshahr, State- Uttar Pradesh, India, 203131 |
| 4 | Contact Number | 7830011919 |
| 5 | Pincode | Uttar Pradesh 203131 |
| 6 | CPV Status | Negative |
| 7 | Remarks | CUSTOMER DENIED FOR VERIFICATION |
| 8 | Verification Type | Business |
| 9 | Latitude | 28.2214938 |
| 10 | Longitude | 77.9122819 |
| 11 | Case Id | 81700 |
| 12 | Date Of Report | 2026-02-25 |
| 13 | Time Of Report | 14:06:19 |

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|----|--------------------|------------|
| 14 | Date of Allocation | 2026-02-24 |
| 15 | Time of Allocation | 12:53:32 |

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Inside Shop Photo



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Shop Photo with Applicant



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Shop Photo with
Business Board



19

Photo of Stock



20

Photo with UPI
Scanner



21

Photo of Outside
Shop



22

Photo of Machinery Setup



23

Shop Photo Outside



24

Photo with Agent



25

Photo of ID Proof



Important - Mandatory to be filled

| | | |
|---|---|-----------------------|
| 1 | Date and Time of Visit | 25-02-2026 14:06:19 |
| 2 | Name of the person doing Field Verification(FV) | |
| 3 | Name of External Agency | RNFI SERVICES LIMITED |
| 4 | Name of Checker for FV Report | Rajesh Massey |

