

Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	1d7aa870-502e-4921-a8d0-b34f3d3c401e
2	Name of customer	LAXMAN SINGH
3	Address	2, Iglas, Bhaiya ki puliya,Agra,Uttar Pradesh,202124
4	Address with Landmark (Address enhancements as the executive reached the shop)	2, Iglas, Bhaiya ki puliya,Agra,Uttar Pradesh,202124
5	Name of Person Met	Laxman Singh
6	Relationship	Self
7	Ownership of Office	Parental
8	If Rented (Monthly Rent (O))	
9	Area Locality	Commercial
10	Name Plate / Address plate - Available	No
11	Years at current office	3
12	Office Type	Shop in Residential Area
13	Visit Lat Long	27.7679 , 77.9128
14	Number of Employees	0-2
15	Neighbour Check	ok
16	Merchant Name	LAXMAN SINGH
17	Contact Number	8171475076
18	Final Status	Referred

19	Detailed Final Remarks/Comments	WE VISITED THE REGISTERED ADDRESS AT 2, IGLAS, BHAIYA KI PULIYA,AGRA,UTTAR PRADESH,202124 ON 26-02-2026 12:30:12. ADDRESS FOUND. , AND THE APPLICANT, LAXMAN SINGH WAS MET AT THE LOCATION. NATURE OF BUSINESS IS FAST FOOD / CHAAT STALL. HE CONFIRMED THAT HE HAS BEEN RUNNING THE BUSINESS AT THE LOCATION FOR 3 YEARS. THE AREA IS COMMERCIAL. THE PREMISE TYPE IS PARENTAL. WE FOUND NO BUSINESS ACTIVITY THERE, A PAYTM PAYMENT QR CODE SEEN AT THE SHOP. ENQUIRIES MADE FROM THE SURROUNDING AREA CONFIRMED THAT THEY KNOW THE APPLICANT.
20	GPS Location	Bhahya, Uttar Pradesh 202124, 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.)	
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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



Important - Mandatory to be filled

1	Date and Time of Visit	26-02-2026 12:30:12
2	Name of the person doing Field Verification(FV)	YOGENDRA TOMAR
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Anuj Sharma

