

Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	9755c1b8-7828-420f-a12f-b74719e73005
2	Name of customer	VIKRAM DHONDIRAM JADHAV
3	Address	Shop no 7 Ground floor N M Joshi marg, Lower parel, Opp McDonald,Mumbai,Maharashtra,400013
4	Address with Landmark (Address enhancements as the executive reached the shop)	NA
5	Name of Person Met	NA
6	Relationship	NA
7	Ownership of Office	NA
8	If Rented (Monthly Rent (O))	NA
9	Area Locality	NA
10	Name Plate / Address plate - Available	No
11	Years at current office	NA
12	Office Type	Shop in Residential Area
13	Visit Lat Long	19.0023 , 72.8310
14	Number of Employees	NA
15	Neighbour Check	NA
16	Merchant Name	VIKRAM DHONDIRAM JADHAV
17	Contact Number	8097147898
18	Final Status	Return
19	Detailed Final Remarks/Comments	NO LANDMARK AVAILABLE AND APPLICANT WAS NOT PICKING THE CALL.
20	GPS Location	KAWALI COMPOUND, 2/3//4, NM Joshi Marg, opp. WESTERN RLY HEALTH UNIT, Lower Parel West, Lower Parel, Mumbai, Maharashtra 400013, India

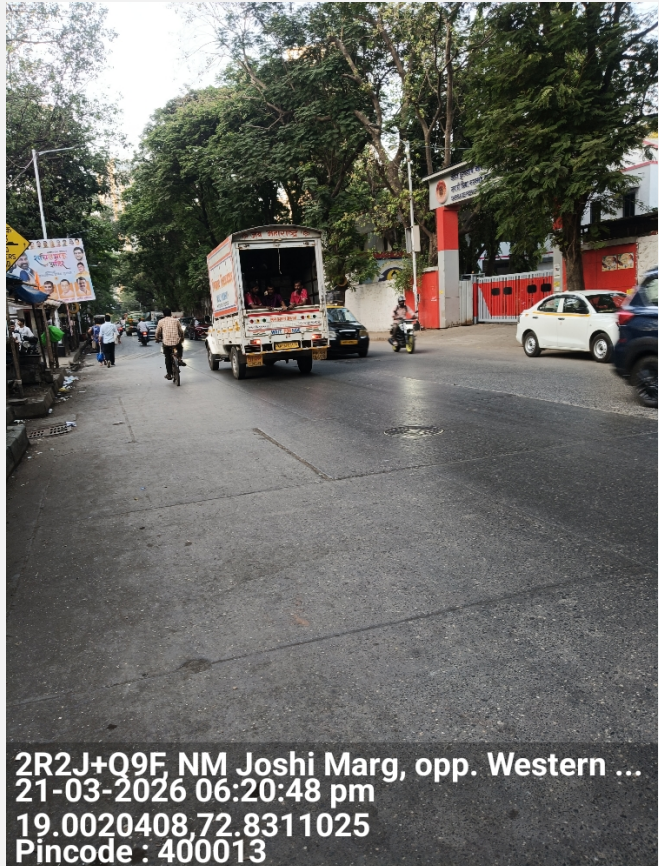
22

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.)



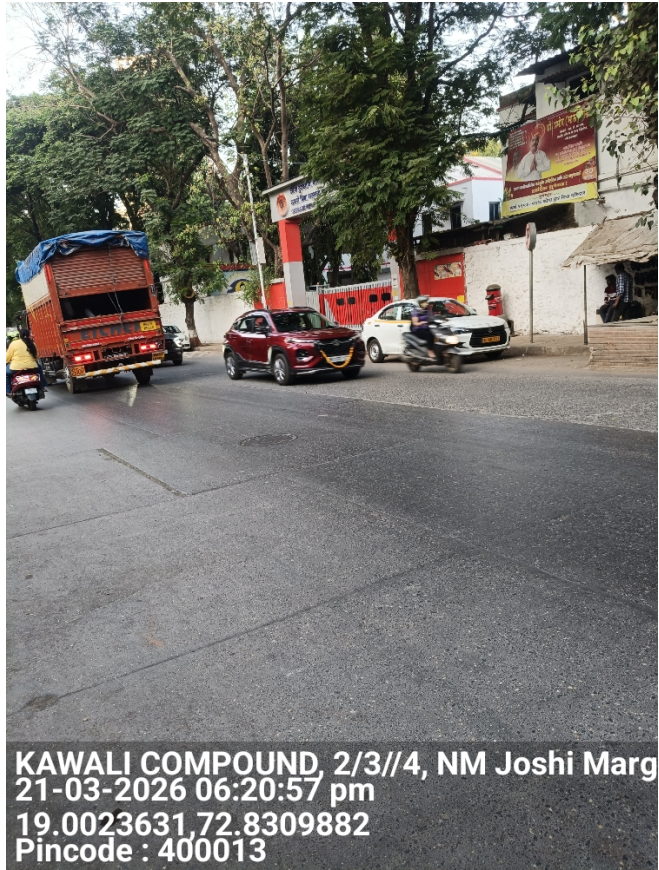
23

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



Important - Mandatory to be filled

1	Date and Time of Visit	21-03-2026 18:21:51
2	Name of the person doing Field Verification(FV)	R001426873

3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Anuj Sharma

