







Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	ee9d974f-509f-4f5f-9563-a4856f995bc7
2	Name of customer	MOHAMMED SOHAIL
3	Address	18-7-198/35/1, Talab Katta Aman nagar , Quba Medical,Hyderabad,Telangana,500002
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))	
9	Area Locality	NA
10	Name Plate / Address plate - Available	No
11	Years at current office	NA
12	Office Type	Shop in Main Market
13	Visit Lat Long	17.3597 , 78.4746
14	Number of Employees	NA
15	Neighbour Check	NA
16	Merchant Name	MOHAMMED SOHAIL
17	Contact Number	6304967885
18	Final Status	Return
19	Detailed Final Remarks/Comments	NO LANDMARK AVAILABLE AND APPLICANT WAS NOT PICKING THE CALL
20	GPS Location	2-4, Moghalpura, Hyderabad, Telangana 500002, India

22	<p>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.)</p>	
23	<p>Take Photo of Person Met Inside the Shop</p>	
24	<p>Take Photo of QR Code/Soundbox/EDC Machine</p>	
25	<p>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.</p>	

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	07-04-2026 17:28:55
2	Name of the person doing Field Verification(FV)	MOHD DILSHAD
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Anuj Sharma

