


Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	4ab038d0-a596-4d64-8327-03e8a81ffa19
2	Name of customer	SHIVRAJ NAYAK
3	Address	Shop 1, Bagsewaniya,,BHOPAL, Madhya Pradesh,462043
4	Address with Landmark (Address enhancements as the executive reached the shop)	Shop 1, Bagsewaniya,,BHOPAL, Madhya Pradesh,462043
5	Name of Person Met	shivraj nayak
6	Relationship	Self
7	Ownership of Office	Own
8	If Rented (Monthly Rent (O))	
9	Area Locality	Commercial
10	Name Plate / Address plate - Available	No
11	Years at current office	More than 3
12	Office Type	Shop in Main Market
13	Visit Lat Long	23.1923 , 77.4530
14	Number of Employees	0-2
15	Neighbour Check	yes
16	Merchant Name	SHIVRAJ NAYAK
17	Contact Number	9098038845
18	Final Status	Positive

19	Detailed Final Remarks/Comments	WE VISITED THE REGISTERED ADDRESS AT SHOP 1, BAGSEWANIYA,,BHOPAL,MADHYA PRADESH,462043 ON 28-04-2026 15:49:05. ADDRESS FOUND. , AND THE APPLICANT , SHIVRAJ NAYAK WAS MET AT THE LOCATION. NATURE OF BUSINESS IS VEGETABLE STALL. HE CONFIRMED THAT HE HAS BEEN RUNNING THE BUSINESS AT THE LOCATION FOR MORE THAN 3 YEARS. THE AREA IS COMMERCIAL. THE PREMISE TYPE IS OWN. A PAYTM PAYMENT QR CODE SEEN AT THE SHOP. ENQUIRIES MADE FROM THE SURROUNDING AREA CONFIRMED THAT THEY KNOW THE APPLICANT.
20	GPS Location	B-7, Bagsewaniya, Surendra Garden, Bagmugaliya, Bhopal, Madhya Pradesh 462043, 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	
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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	28-04-2026 15:49:05
2	Name of the person doing Field Verification(FV)	R001300552
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Anuj Sharma

