

## Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	9509edc9-58a1-416c-aae8-5bda3541d9c0
2	Name of customer	AKHTAR
3	Address	Gali number 12, Sonali medical, Md Akhtar,SOUTH WEST,Delhi,110097
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 Residential Area
13	Visit Lat Long	28.5229 , 77.0818
14	Number of Employees	0-2
15	Neighbour Check	NA
16	Merchant Name	AKHTAR
17	Contact Number	8097660703
18	Final Status	Return
19	Detailed Final Remarks/Comments	NO LANDMARK AVAILABLE AND APPLICANT WAS NOT PICKING THE CALL
20	GPS Location	20, Kapas Hera Extension, Kapas Hera, New Delhi, Delhi 110097, 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	28-04-2026 15:42:30
2	Name of the person doing Field Verification(FV)	INDERJEET

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

