

Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	34454a8e-7198-4497-8cff-5f07118994e0
2	Name of customer	ANKIT
3	Address	tea stall ke shop hai ,Indore ,Dev Nagar me shop hai ,biseas hospital ,INDORE,Madhya Pradesh,452001
4	Address with Landmark (Address enhancements as the executive reached the shop)	vishesh hospital
5	Name of Person Met	NA
6	Relationship	NA
7	Ownership of Office	NA
8	If Rented (Monthly Rent (O))	
9	Area Locality	Residential
10	Name Plate / Address plate - Available	No
11	Years at current office	NA
12	Office Type	Shop in Residential Area
13	Visit Lat Long	22.7170 , 75.8839
14	Number of Employees	NA
15	Neighbour Check	NA
16	Merchant Name	ANKIT
17	Contact Number	8605967789
18	Final Status	Negative

19	Detailed Final Remarks/Comments	WE VISITED THE REGISTERED ADDRESS AT TEA STALL KE SHOP HAI ,INDORE ,DEV NAGAR ME SHOP HAI ,BISEAS HOSPITAL ,INDORE,MADHYA PRADESH,452001 ON 31-01-2026 14:56:54. ADDRESS NOT FOUND. WE COULD NOT MEET ANYONE AT THE LOCATION, THE AREA IS RESIDENTIAL. PAYTM PAYMENT QR CODE NOT SEEN. WE CONNECTED WITH CALL WITH THE APPLICANT AND HE WAS NOT AVAILABLE AT THE LOCATION. ENQUIRIES MADE WITH THE SURROUNDING AREA CONFIRMED THAT THEY WERE NOT AWARE OF THE APPLICANT.
20	GPS Location	1/A Manorama ganj, AB Rd, behind vishesh hospital, near Geeta bhawan square, Navratan Bagh, Indore, Madhya Pradesh 452001, 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	31-01-2026 14:56:54
2	Name of the person doing Field Verification(FV)	KAPIL YADAV
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Anuj Sharma

