

Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	eb9ecb47-bc19-4b9d-9dc8-a5351c610d51
2	Name of customer	RITESH RAIKWAR
3	Address	No, Dewasnaka, Dewasnaka main road, Indore, Madhya Pradesh, 452010
4	Address with Landmark (Address enhancements as the executive reached the shop)	aceotel hotel
5	Name of Person Met	ritesh raikwar
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	22.7731, 75.8964
14	Number of Employees	0-2
15	Neighbour Check	good
16	Merchant Name	RITESH RAIKWAR
17	Contact Number	.
18	Final Status	Positive

19	Detailed Final Remarks/Comments	<p>WE VISITED THE REGISTERED ADDRESS AT NO, DEWASNAKA, DEWASNAKA MAIN ROAD, INDORE, MADHYA PRADESH, 452010 ON 03-02-2026 18:02:54. ADDRESS FOUND. , AND THE APPLICANT, RITESH RAIKWAR WAS MET AT THE LOCATION. NATURE OF BUSINESS IS PAN SHOP. HE CONFIRMED THAT HE HAS BEEN RUNNING THE BUSINESS AT THE LOCATION FOR MORE THAN 3. 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.</p>
20	GPS Location	<p>Ward 8, 109, New Loha Mandi, Scheme 78 Part 1 Phase 2, Indore, Madhya Pradesh 452010, India</p>

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	03-02-2026 18:02:54
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

