PERSON CONDUCTING FIELD VERIFICATION TO FILL/STRIKE OFF RELEVANT FIELDS

1	Merchant Name	SOUNIRMALA NURSING HOME PRIVATE LIMITED
2	Merchant Id	BOB000003040900
3	Merchant Mobile No	9527635050
4	Merchant Address	RS NO 863 RAJ DATTA COLONY K BAWDA
5	Merchant City	Kolhapur
6	Pincode	416003
7	Merchant State	MAHARASHTRA(PUNE)
8	Device ID	38250306918500
9	Sim No	89919224069777218 73U
10	BankName	BOB
11	job_sheet_image_latitude	16.7312046
12	job_sheet_image_longitude	74.2453151
13	customer_image_latitude	16.7312047
14	customer_image_longitude	74.2453148
15	agent_remark	Good And Positive
16	fv_status	Positive

SOUNDBOX DELIVERY CONFIRMATION JOB SHEET

MERCHANT

CUSTOMER INFORMATION: Date: 19/07/2025.

- **Request ID:**
- **Merchant/Recipient Name:** Pradip mohite.
- **Shop/Centre Name:** Soumirmala Nursing Home PVT.
- **Merchant/Shop Address:** R.S No. 863 Raj Datta Colony Ic. Bawada.
- **Pincode:** 416003
- **Mob No:** 9527639050.
- **ID Number (PAN/Voter ID/AADHAAR):** ABICCS5861M.

DEVICE INFORMATION:

- **Device Serial No:** 38250306958500
- **SIM No:** 8991922 40697772187 3 V
- **VPA (Virtual Payment Address):** Soumi9527639@ barodampay.

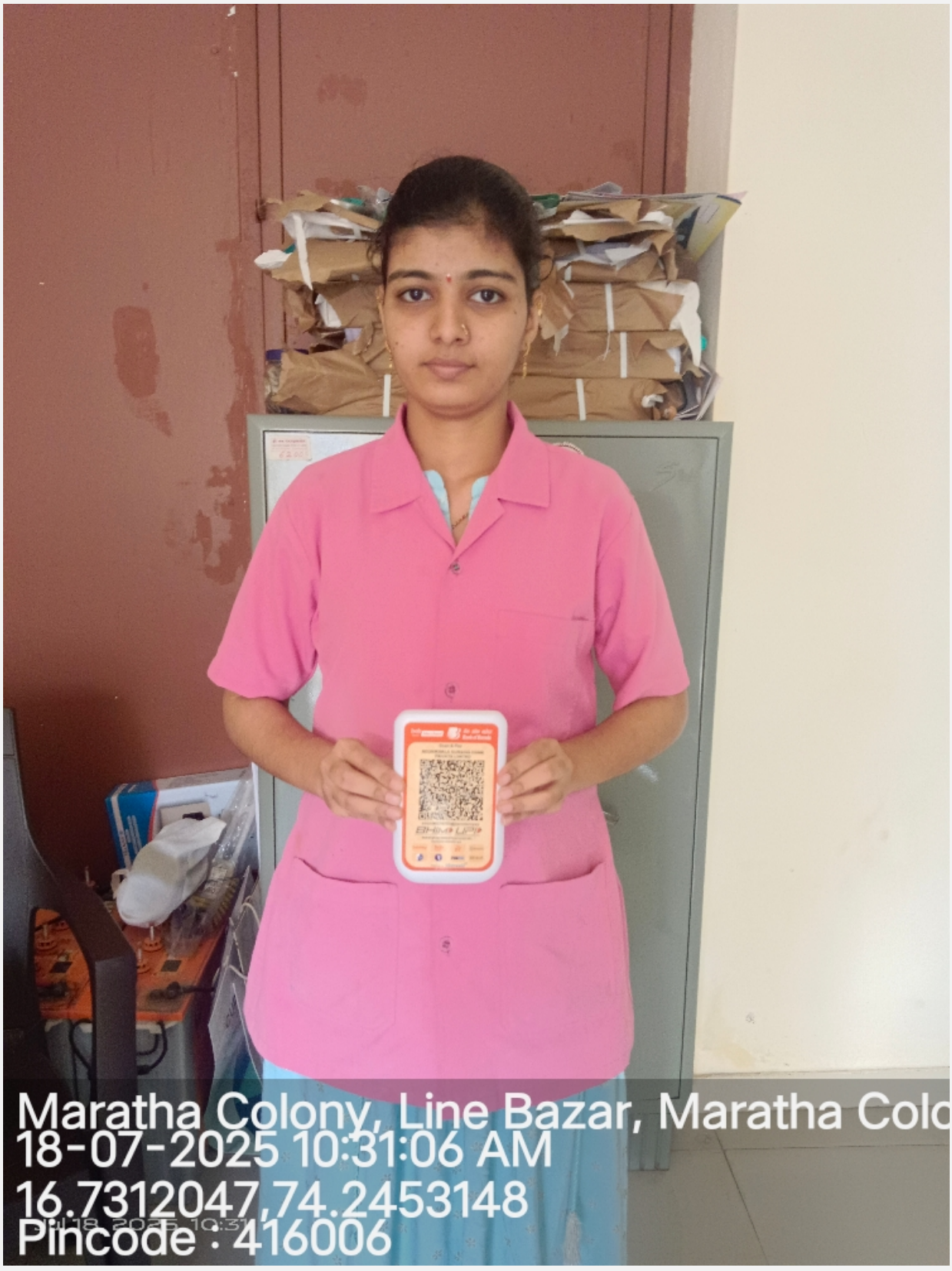
MANDATORY INFORMATION (YES/NO):

Geo Tag Photo	Yes	✓	No	
Device Sound Test	Yes	✓	No	
ID Proof (self-signed)	Yes	✓	No	

Acknowledgment & Confirmation: I confirm that I have received the above-mentioned device and SIM in working condition. I also acknowledge that the details provided above are correct.

Merchant Signature:

NOTE: All mandatory information must be collected as self-attested



Important - Mandatory to be filled		
1	Date and Time of Visit	18-07-2025 10:31:32
2	Name of the person doing Field Verification(FV)	

3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Neeraj Anand