

Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	53950047-b39e-4cc1-b05c-42c02f311147
2	Name of customer	SWATI NIVAS SHINDE
3	Address	6.main market, Mangle, Opposite shriram hospital,SANGLI,Maharashtra,415412
4	Address with Landmark (Address enhancements as the executive reached the shop)	
5	Name of Person Met	
6	Relationship	
7	Ownership of Office	
8	If Rented (Monthly Rent (O))	
9	Area Locality	
10	Name Plate / Address plate - Available	
11	Years at current office	
12	Office Type	
13	Visit Lat Long	0.0000 , 0.0000
14	Number of Employees	
15	Neighbour Check	
16	Merchant Name	SWATI NIVAS SHINDE
17	Contact Number	9766516624
18	Final Status	Return
19	Detailed Final Remarks/Comments	NON FEASIBLE
20	GPS Location	



Important - Mandatory to be filled

1	Date and Time of Visit	23-02-2026 10:50:00
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2	Name of the person doing Field Verification(FV)	
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Anuj Sharma

