

## Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	11771cd8-e3a0-4e2c-b71d-2542c1b2838a
2	Name of customer	ANDALU VALLAPU
3	Address	1, Keesara, Sai rushi hospital,Hyderabad,Telangana,501301
4	Address with Landmark (Address enhancements as the executive reached the shop)	1, Keesara, Sai rushi hospital,Hyderabad,Telangana,501301
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	ANDALU VALLAPU
17	Contact Number	7032349892
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	26-02-2026 15:04:00
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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

