

## Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	558408fd-ffc7-4afd-93f6-9179dde8f522
2	Name of customer	SURAJ NANASO LAGAD
3	Address	Shree Swami Samarth medical Andhalgon, Shree Swami Samarth medical Andhalgon, Shree Swami Samarth medical,PUNE,Maharashtra,412211
4	Address with Landmark (Address enhancements as the executive reached the shop)	Shree Swami Samarth medical Andhalgon, Shree Swami Samarth medical Andhalgon, Shree Swami Samarth medical,PUNE,Maharashtra,412211
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	SURAJ NANASO LAGAD
17	Contact Number	9096641155
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	13-03-2026 17:38:00
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

