

Field Verification Report(FVR)

| Sr. No. | Question | Answer |
|---------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1 | Order Number/ Case Identifier | fb5f377a-7c78-4fc8-b408-82675fb97868 |
| 2 | Name of customer | SOHAN LAL YOGI |
| 3 | Address | Neemrana Mod ,Kalipahari , , Kalipahari ,Kotputli-Behror ,Jaipur Division,ALWAR,Rajasthan,301706,27.9773291,76.400588 |
| 4 | Address with Landmark (Address enhancements as the executive reached the shop) | Neemrana Mod ,Kalipahari , , Kalipahari ,Kotputli-Behror ,Jaipur Division,ALWAR,Rajasthan,301706,27.9773291,76.400588 |
| 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 | SOHAN LAL YOGI |
| 17 | Contact Number | 9660300643 |
| 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 | 18-03-2026 17:03:00 |
| 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 |

