

## Field Verification Report(FVR)

| Sr. No. | Question   | Answer   |
|---------|--|--|
| 1       | Order Number/<br>Case Identifier   | f6ce7779-e4a2-40f0-b4d4-a494b61c59fc   |
| 2       | Name of customer   | RAMESH MACHHINDR LALCHHOTE   |
| 3       | Address  | 2 ,JAL MD 20 ,Pradip Electricals and General Store ,Kingaon ,India , , Ambad ,Jalna District,Aurangabad,Maharashtra,431121,19.6704404,75.6909308 |
| 4       | Address with Landmark (Address enhancements as the executive reached the shop) | 2 ,JAL MD 20 ,Pradip Electricals and General Store ,Kingaon ,India , , Ambad ,Jalna District,Aurangabad,Maharashtra,431121,19.6704404,75.6909308 |
| 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  | RAMESH MACHHINDR LALCHHOTE   |
| 17      | Contact Number   | 7387159275   |
| 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                          | 11-04-2026 14:37:00   |
| 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           |

