

Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	559a2e5e-da95-44a5-8490-7e3a60b17e1b
2	Name of customer	MOHD SUHEL
3	Address	00, Gadarpur, Hospital,Rudrapur,Uttarakhand,263152
4	Address with Landmark (Address enhancements as the executive reached the shop)	00, Gadarpur, Hospital,Rudrapur,Uttarakhand,263152
5	Name of Person Met	N/A
6	Relationship	N/A
7	Ownership of Office	N/A
8	If Rented (Monthly Rent (O))	
9	Area Locality	N/A
10	Name Plate / Address plate - Available	
11	Years at current office	N/A
12	Office Type	
13	Visit Lat Long	0.0000 , 0.0000
14	Number of Employees	N/A
15	Neighbour Check	N/A
16	Merchant Name	MOHD SUHEL
17	Contact Number	7536033156
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	01-05-2026 15:36:00
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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	Neeraj Anand

