

**Site Verification Report for Grant of Single Window Approval**

The Field Visit Team inspected the Unit \_\_\_\_\_ on \_\_\_\_\_  
at \_\_\_\_\_

Sr No	Name of the Site Inspection Team Member	Designation/ Department
1		
2		
3		
4		

**Site Verification Report:**

Sr No	Particulars	Remarks
1	Name of the Unit	Write name of the unit
2	Location of the Unit	Mention detailed address
3	Coordinates of the Site	Specify GPS Coordinates (eg: 40.7128° N, 74.0060° W)
4	Total area of Site	In sq.ft/ acres
5	Ownership Status	Owned/leased/Others, please specify
6	Land under Possession of unit	yes/ no
7	Distance from the Main Road	Write distance in KM
8	Type of road	width/ condition/ Others, please specify
9	Project Construction commencement	Yes/ No/ Remarks
10	Any Natural Bodies	Specify type of natural body
11	Environmentally Vulnerable location	Yes/ No (if Yes, specify)
12	Availability of Power	Yes/ No (if No, specify nearest drawl point)
13	Availability of Water	Specify source
14	Other observations	specify, if applicable

Comments/ Remarks of Field visit team (if any): \_\_\_\_\_

**Site Inspection Team Member,**  
Deputy Commissioner Office.  
Name of the District,  
Government of Meghalaya

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Report approved by

**Deputy Commissioner,**  
**Name of the District,**  
**Government of Meghalaya**