

Field Visit Checklist

Name of the Company: _____

Address and Contact Number: _____

_____ Type of Locality: Residential / Commercial

Is Name Board Displayed? YES / NO

Does the company exist? YES / NO

If no, what is currently at that location and how long has it been there? _____

Estimated office space in square feet (Approximate) _____

Record the number of employees present during your office visit: _____

Company's Nature of Business _____

Respondent Name and Designation _____

Verifiers Name and Designation _____

Email IDs _____ Phone Numbers: _____

Additional Contacts: _____

External Confirmations

Neighbor 1 _____ Neighbor 2 _____

Postal Check _____ Courier Check _____

Field Assistants Name						
Status of Verification	CLEAR / GREEN		DISCREPANT / RED		UNABLE TO VERIFY / ORANGE	
Field Assistants Comments						
Field Assistants Signature			Date		Time	