

	17, Okhla Industrial Estate Phase I Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi 110020 Executive Name: <u>Smritha G</u> Mobile No: <u>9449669097</u>	PIC of the freelancer
	This is to certify that <u>mamatha k.m</u> registered with us as a freelance supplier for conducting interviews and collecting data. He/She has been authorized to collect Market Research Data by Market Xcel as per project specific Assignment Letter. Reference No: <u>412/2024</u> Date of Issue: <u>4/12/2024</u> Valid From: <u>6/12/2024</u> to: <u>16/12/2024</u> Location: <u>Bareilly</u> Mobile No: <u>9738349800</u> This Authority Card is issued on the specific request of the freelance supplier to facilitate in his/her assignment.	
		(Card Holder's Signature)

### Assignment letter

Freelancer Name: <u>mamatha k.m</u> House Address: <u>Carbon Garden Bangalore</u>	Job No: <u>20241188</u> Job Title: <u>Magnus Brand Health</u> Fieldwork Location: <u>Bangalore</u>	Freelancer Code: <u>MXBANF2023-056</u> Reference No: <u>30/12/2024</u>
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Dear Sir/Madam,

This has reference to the discussion we had with you regarding the assignment pertaining to the captioned subject matter and explained in detail at the project briefing which you had attended on.

We now offer you fees for the assignment and other associated fees as mentioned hereunder, on the terms and conditions mentioned below and overleaf.

(A) Fees for Assignment:

Data Collection Type	Segment - Center	Quantity (Nos)	Rate Rs. (Per Qty)
<u>Pharma</u>	<u>Pharma- Bangalore</u>	<u>8</u>	<u>200</u>

The above stated assignment will start from 6/12/2024 and end on 16/12/2024. The completed assignment should be delivered in required numbers/quantity through the device handed over to you for the data collection task in complete quantity and data be synced on daily basis so that data collected in the device is sent directly into the secured server. The device location should be always in active and GPS be captured live as communicated at the above stated briefing. Non-Compliance of agreed schedule may result in non-acceptance and may to rejection of the assignment in part/full without any further reference/intimation to you. This is not an employment but merely an assignment to you as a freelancer, and you are free to pursue any other vocation of your choice or work for any other person, and that no request from you for permanent/temporary employment in the Company shall be entertained in future. The Company reserves its right to terminate your assignment without showing any reason thereof.

I solemnly declare the information mentioned herein (both sides of the page) is true and correct to the best of my beliefs and I agree with all terms and conditions.

Date: 30/12/2024

Name of signee: mamathak.m

Signature: Mamtha K.M

Signed in the presence of:

1) Witness Name: Prathibha  
 Contact number: 548 33124 33  
 Signature: Prathibha  
 2) Witness Name: Smritha G  
 Contact number: 9449669097  
 Signature: Smritha



From: **mamatha k.m**  
Name of the Freelancer: **Wilson Garden, Bangalore**  
Address: -  
Mobile No: - **9738349500**

**BILL**

For Commercial Use:

Customer's Name & Address  
To: MARKET XCEL DATA Matrix PVT. LTD.

Bill No: **30/12/2024**  
Date: **30/12/2024**  
Freelancer Code: **MXBANF2023-056**

Towards my Charges/Fees against Assignment/s stated below:

Job No: <b>20241188</b>	Original Assignment Number and Date	Revised Assignment Number and Date	Quantity and Amount Payable
Job Title: <b>Magnus Brand Health</b>			
Fieldwork Locations: <b>Mumbai Bangalore</b>			
<b>Fees for Assignment</b>	Quantity	Rate	Amount
Data Collection Type & Segment			
1- Briefing charges			
2- Recruitment/Contact/Listing	<b>08</b>	<b>200</b>	<b>1600</b>
3- Main interview -			
4- Main interview -			
5- Moderation/Translation/Transcription/Others (Specify).....			
<b>Other Fees/Charges</b>			
Supervision Charges			
Executive Name: <b>Smitha. G</b>			
EIC Employee ID: <b>MXBANF2023-056</b>			
Date: <b>30/12/2024</b>			
Signature: <b>g-smitha</b>			
<b>Totals</b>			
A) Fees for Assignment	Job No: <b>20241188</b>	Task Code	Amount: - <b>1600</b>
B) Supervision Charges			Amount: -
Grand Total (A + B) for Net Payment			

Rupees in Words: **One Thousand Six Hundred Rupees only.**

**Summary**

Assignment Number	Job No	Segment	Centre	Data Collection Type	Quantity Synched/ Submitted	Quantity Rejected by IQC and Agreed by me	Invoice Quantity Accepted	Quantity Paid in Earlier Invoices	Quantity Paid in this Invoice	Quantity Payable in Subsequent Invoices
<b>04</b>	<b>20241188</b>	<b>Pharm</b>	<b>Bangalore</b>	<b>Pharm</b>	<b>08</b>	<b>0</b>	<b>08</b>	<b>0</b>	<b>0</b>	<b>0</b>

I solemnly declare the information mentioned herein (both sides of the page) is true and correct to the best of my beliefs and I agree with all terms and conditions.

My PAN Account Number is: **ASSPM2360D**  
Beneficiary Bank Account Name: **mamatha k.m**

Beneficiary Bank Name: **State Bank of India**  
Beneficiary IFSC Code: **SBIN0017786**

Beneficiary Bank Account Number: **20370396556**  
E&OE

**Mamatha k.m**  
(Signature & Date)

**Prasanna**  
Approved by with date

Bill Received On:  
Bill Checked & Cleared On: