From Name of the Freelancer:- KA Address:- 130700 G Mobile No:-	ALYAN	LR G.	itos else	14	un	-34				
		100/1		LL						
Customer's Name & Address To: MARKET XCEL DATA MATRIX PVT. LTD. P-36 Ground Floor, Gariahat Road, South Dhakuria, Near Dhakuria Electro Distribution Station (CESC), Kolkata-700031			For Commercial Use:							
PAN No.: AAECM5086D Ph.: +91-033-40076389				Free	elancer	Code:	MXX	COLF 2023	-00	04
Towa	rds my Ch	narges/Fee	sagaiı	nst As	signm	ent/ss	tated b	pelow:		1
Job No: 20240880		e	Original Assignment Number and Date			Revi	sed Assignmen	Ser.	antity A	
Job Title: Meligal	owis	m			27/0	12024	1	27		Payble
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Fees for Assignment										
Data Collection Type & Segment	t		Qua	ntity	Rat	te		Amou	nount	
1- Briefing charges										
2- Recruitment/Contact/Listing 3- Main interview -					~					
4- Main interview-				1	30	20		30	0	
5- Moderation/Translation/Transcription/Others (Specify)										
Other Fees/Charges	***************************************									
Supervision Charges										
Executive Name:	nkar	Bose								
EIC Employee ID: Date: Signa	ture:	WX 310	Y	D. 6	Sazi).				
Totals										
A) Fees for Assignemt Job No. Task C		Code	ode Amount:-							
B) Supervision Charges				Amount:-						
		Grai	nd To	tal (A	+B) Fo	r Net	Pavme	ent		
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Assignment Number Job No. Segment Centro	Туре	Quantity Synch Submitted		antity Re	jectedby ed by me	1743	Quantity	Quantity Paidinthis Invoice		Payable in nt Invoices
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ledyant Snoch	,\$ -	Dipar	Wat	Bar	w-	1025-		ceived On: ecked & Cleared	On:	

market xcel	17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi -110020 Executive Name: DIPPINKAR BASU- Mobile No.: 9830603916	PIC of the freelancer
Research Data by M Date of Location: KOVKA	MALYAN M. GHOSH registered with us as a freelance supplier for and collecting data. He/She has been authorized to collect Market Market Xcel as per project specific Assignment Letter. Reference No: Issue: 3791014 Valid From: 37912014 O 3019 1620 Job Fieldwork Mobile No: 9007403939 Address: This Authority Card is issued on the freelance supplier to facilitate in his/her assignment.	mallan he grossy
	30000000000000000000000000000000000000	(Card Holder's Signature)

Assignment letter

Freelancer Name KALYAN UC GHOS4 House Address 120710 B. S. Lead Behele	Job No: 20240880 Job Title: Medical Townsm Fieldwork Location: KOLKate	Freelancer Code: MXKOLF 2 123-050 Reference No: Date: 27 9 2024
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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)
offline	Pharmer - KOLKATA	1	300
			11

The above stated assignment will start from 200 and end on 300. 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:	27/9/2024	
Name of	signee: MALYAN WR	GHOSH

Signature: Lelyan los	enoste
menjen ()	

Signed in the presen	
1) Witness Name:	Diparkar Bazu
Contact number:	19830603916
Signature:	D. Base
2) Witness Name:	Goutam Scioka
Contact number:	283042499!

Signature: