market xcel	PIC of the freelancer				
Research Data by MDate of Location:	Sandeep K-I s and collecting Market Xcel as Issue: 29 7 Mobile No: 96	registered with us as a freeladata. He/She has been authorized to per project specific Assignment Letter. 24 Valid From: 2417 to 218 73984647 Address: This Authority Coplier to facilitate in his/her assignment.	Reference No:	rarried the image of orl's a market assemble and the second and th	
New Charles and Assessment and Asses	man rotation surt	Together a strategy, provided and parameter dies	thee to you configure.	(Card Holder's Signature)	
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Freelancer Name San House Address Sr. Ambegao		Job Title: MXCL04371	Reference No:	ancer Code: Mxp @ 023-085 ence No: 2412-12-5	

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	Segme	Quantity (Nos)	Rate Rs. (Per Qty)	
Cap'i	Pharma	- (Pure)	3	350

The above stated assignment will start from 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.

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Name of signed	: Sandeep	khaire
Signature:	Rhar	
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Signed in the presen	ce of:
1) Witness Name:	Rituparna Das.
Contact number:	8240974126
Signature:	Riterparua Des
2) Witness Name:	Leter (Revised), you confirm that
Contact number:	AND THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART
Signature:	at the education to depute with the

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Job No: 20240755				Ori	Original Assignment Number and Date			sed Assignment mber and Date	Quantity And Amount Payble
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Other Fees/Charges Supervision Charges Executive Name: EIC Employee ID: Dat Totals		ogrng ure: M	no X I	24			4	litapamo	\$ - 3
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I solemnly declare the information in My PAN Account Number is: Beneficiary Bank Account N Beneficiary Bank Account N F&OE	DZI ame: Sa	ndeed	K	hai	re	Benefic	ciary Bank N	gree with all terms and colores Bank of the Bank of th	f Baroc
Beneficiary Bank Account N E&OE	omber: 8		- AUGUSTON	-	-	Ders	Bi	Il Received On:	