From Name of the Freelancer:- VI Address:- (Second) Mobile No:- 3530001	nocepak	a'H	otts	16/5						
	111	10:10:00:01	BIL	L	cs yel bei	Shroma I	AL SE	na kata na sa i		
Customer's Name & Address To: MARKET XCEL DATA MA No. 135/1, 2nd Floor, Lal Bagh Road, Old Opposite Garuda Maruti Showroom, Bang PAN No.: AAECM5086D Ph.: +91-80-40878320		For Commercial Use: Bill No: Date:1001/212001 Freelancer Code:					According to the state of the s			
Towa	ards my Cha	rges/Fees	again	st Ass	ignmen	t/sstat	ed be	low:	I memoglază I	
Job No: 20240394				Original Assignment Number and Date				d Assignment per and Date	Quantity And Amount Payble	
Job Title: Brillion				10 101			raybic			
Fieldwork Locations:		re.)					
Fees for Assignment										
Data Collection Type & Segment				ntity	Rate		Amount'			
1- Briefing charges										
2- Recruitment/Contact/Listing				3	120	5	2875			
3- Main interview -										
4- Main interview-										
5- Moderation/Translation/Transcription/Others (Specify)										
Other Fees/Charges										
Supervision Charges										
Executive Name: Kero	Ma							. 1		
EIC Employee ID: Date: Sign	nature: M	X237	1	., 4	ere	_	49	0012	4	
Totals								1		
A) Fees for Assignemt Job No.			Code Amount:-							
20240394			2875							
B) Supervision Charges		Amount:-								
B) Super views		Gra	nd To	tal (A	+B) For	r Net P	avme	int		
				and Total (A+B) For Net Payment						
Rupees in Words: from thousand Eight Leventy five								ive our		
Summary										
Assignment Number Job No. Segment Ce	ntre Collection Type	Quantity Syncl Submitted			ejectedby eed by me	Invoice Quantity Accepted		Quantity Paldinthis Invoice	Quantity Payable in Subsequent Invoices	
01 2024 F2F B	LP H.M	23		0	2		3	23	23	
I solemnly declare the information mentioned h	nerein (both sides o	of the page) is tru	ue and co	rrect to the	ne best of my	y beliefs ar	nd I agree	with all terms and co	nditions.	
nan Account Number Is:										
Reneficiary Bank Account Name: "\	rinary	ialsa.			Benefic	ciary Bar	ık Nam	e:		
Beneficiary Bank Account Number:					Benefic	ciary IFS	C Code			
E&OE										
		The state of the s				Bill Received On:				
A mery to \$	1									
.01					Bill Checked & Cleared On:					
(Signature & Date) Approved by with date							300		100 100 100 100 100 100 100 100 100 100	

2) Witness Name:

Signature:

Contact number: