This is to certify that conducting interviews Research Data by M Date of Location:	Executive Name:  Mobile No.: 20  and collecting of larket Xcel as persue: 21 6 20  Mobile No. 20		h us as a freelanden authorized to designment Letter. R	e supplier for collect Market eference No:	PIC of	the freelancer
			MANAGED LA SOLUTION OF STREET	alignet market apprint	(Card Holder's Signature)	
to establish to the		Assignmen	ıt letter			
Freelancer Name M House Address Landon G Ranga	amutha K.M aden lose	Job No: 2024 O Job Title: Shie Fieldwork Location:	ld	Freelancer Code: Reference No:   Date:   6   9   6		
detail at the project brief	ing which you had a or the assignment and	vith you regarding the ass ttended on. d other associated fees as Segment -	mentioned hereunder,	on the terms and co	nditions me	
Pharma	Ph	arma-B9	mgalore	2		300.
The above stated assignment numbers/quantity through that data collected in the data communicated at the abassignment in part/full wifreelancer, and you are freelancer, and you are freelancer without showing any reaso	the device handed of evice is sent directly pove stated briefing, ithout any further re ee to pursue any off doyment in the Comp n thereof.	over to you for the data colinto the secured server. The Non-Compliance of agree ference/intimation to you her vocation of your chopany shall be entertained it	ne device location show ed schedule may result a. This is not an emplice or work for any of the compan	te quantity and data ald be always in acti t in non-acceptance coyment but merely other person, and the y reserves its right to	be synced ve and GPS and may to an assignation required to terminate	on daily basis so S be captured live o rejection of the ment to you as a lest from you for your assignment
I solemnly declare the inforterms and conditions.	rmation mentioned h	erein (both sides of the pa	ge) is true and correct	to the best of my bel	iefs and I ag	gree with all
Date: 16/9/20	24		Signed in	the presence of:	1 12	rein edition to
Name of signee:		a Kim	Contac Signatu 2) Witnes	77	1833 1833 1246	12433 0 N 0 N 0 9097
			Signati	1. /	meet	ha

the Freelancer:- Mamatha	ein	n		0	10.						
the Freelancer:- Mamatha Rim 5:- No:-973 Lighten (897den), Bangalore											
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stomer's Name & Address	DIE	For Commercial Use:									
0 : MARKET XCEL DATA MATRIX PVT. LTD.		For Commercial ose.									
Io. 135/1, 2nd Floor, Lal Bagh Road, Old Mission Compound, Opposite Garuda Maruti Showroom, Bangalore - 560027	Bill No: 1-1 12134										
PAN No.: AAECM5086D	Date: 1/- 9 12070										
Ph.: +91-80-40878320		Freelancer Code NS BANF 2023056									
Towards my Charges/Feesagainst Assignment/sstated below:											
Job No: 20 240649		Original Assignment Number and Date			Revised Assignment Number and Date  Amount Payble						
Job Title: Special Land											
Fieldwork Locations: Rangelose											
Fees for Assignment V	Tour	Quantity			Amount						
Data Collection Type & Segment	Qua	Quantity									
1- Briefing charges 2- Recruitment/Contact/Listing					10 -						
3- Main interview -	9		300	0	6300						
4- Main interview-	~										
5- Moderation/Translation/Transcription/Others (Specify)											
Other Fees/Charges											
Supervision Charges											
Executive Name: Smotha 1990 1 1619 2014 6 Smotha											
EIC Employee ID: Date: Signature: MX 770 1 10 10 10 10 10 10 10 10 10 10 10 10											
Totals  A) Fees for Assignemt Job No. Task	Code	Code Amount:- 6300									
A) Fees for Assignemt Job No. Task											
2 Companies Charges		Amount:-									
	B) Supervision Charges  Grand Total (A+B) For Net Payment										
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of goryopen Bay have Syn	ced	V	reed	ACC	epted						
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: A SSP 10 3360 D  Beneficiary Bank Account Name: Beneficiary Bank Name: State Bank Beneficiary Bank Account Number: 3 3 40 396556  Beneficiary IFSC Code: Beneficiary IFSC Code											
E&OE					Bill Received On:						
mulhall.	atu	artilg-N			Bill Checked & Cleared On:						
(Signature & Date) Approved by with date											